TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 hould be filed with may be rejected by the haspital or attending physician. O FUNERA FECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to buriol, crematian, or removal, and in any event within 72 hours after,

TO FUNERA

VS A1S (4) 15M 9/SS

M

81

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08892 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. 0.8983

1.	1. PLACE OF DEATH 0. COUNTY Washington MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Penna.							
	b. CITY OR TOWN (If RURAL and give ner		ls, write	c. LENGTH OF STAY I	N %b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		rstown		2 days		Harrisburg 75 x - 3							
T	d. NAME OF HOSPITA		d. STREET ADDRESS						e. IS RESIDENCE ON A FARM?				
	Wash, Co.	Hospital		252	Libe	rty S	treet		YES NO				
3.	NAME OF DECEASED (Type or print)	Fir		Middle		litto		4. DATE OF DEATH	Mon		Dog 2	7	Year 19 57
-	SEX	Topo				ATE OF BIRTH		J DEATH	-	IF UNDER		*	
	lale	White	WIDOW	RIED NEVER MARRIE		ing. 14	. 1.87	2	9. AGE (In years last birthday) 85 yrs.	Months	Оруд	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OF						12. CI1	IZEN O	F WHAT	COUNTRY?
	Ret. Sto	ng life, even if retired rekeeper)			Costi	r] i or	e Cos	entingo		U.S.	Α.	
13	FATHER'S NAME	1	-		1	4. MOTHER'S A			011011150		0 400 8		
	Sal	vatore Ali	to					ouslio					
15	WAS DECEASED EVER	IN U. S. ARMED FOR	CE57 16.	SOCIAL SECURITY NO.	17. INFO	RMANT			Addi	·e11			
14	NO [1	f yes, give war or dates of s		ONE	A	gustali	tto	Alitt	0				
			use per li	ne for (o), (b), and (c).]	(1						RYAL BE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Common October C												
	425.1 DUE TO 1 9												
н	Conditions, if any, which) to be seened orbered articles												
	gove rise to immediate												
	lying couse last.												
Z													
CATIC													RMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (6	inler nature of	injury in f	ort I or Port	Il of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Ye	or 20d. II While	_ Not while _		OF INJURY (He, street, office I			or town)	(<	County)		(Stole)
П	21. I certify that I attended the deceased from 1921, to 1921, that I last saw the deceased alive and I last saw the deceased alive and I last saw the deceased alive												
	alive an		2, 14	and that	death ac	curred at					ne dat		
	ACTUAL SIGNATURE	1 2a	0	othe 2	AI D	//	15	ADDRESS (SI	Cello	store)	0	9	TE SIGNED
	PHYSICIAN'S	1.	P			-//	/	*	7	, and the same	4	1	dash dan
-	NAME (Type)	Eslar	1000	- pry			7	4.16	120 m			-11	12
22	o. BURIAL, CREMATION REMOVAL (Specify)	226. DATE THEREC)F	22c. NAME OF CEME	TERY OR CE	EMATORY /			ION (City, town,			(Stote	e)
	Burial	8-39-19	57	Holy Cro	ss Ce	m.		Har	risburg,	Pa.			
22	FUNERAL DIRECTOR'S	SIGNATURE	11	ADDRESS			No. RECT	BY REGIST	RAR 2452 REGIO	TRAR'S SIC	SNATUS	E	
A	parkin /	Louger	affe	egenten	may	lame	dus	28,19	57 6Th	este	176	Her)	ess

7261 OS 2018

08893

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08904 Reg. Dist. No. 302

1. PLACE OF DEA	Washingto	n	MARYLAND	2. USUAL RESIDENCE (b. COUNT			me ry		
and give reon	WN (If authore corporate limits, writed town) CELOWN	e KURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (RURAL and	give ne	orest to	wn)	
d. NAME OF H	Emergency Roc			d. STREET ADDRESS 1108 Old	ON	IS RESIDENCE ON A FARM? IS NO					
3. NAME OF DECEASED (Type or print)	fir F	dobert	Middle Carleton	Baer	4. DATE OF DEATH	Mont		Doy 8		19 57	
5. SEX Male	White	WIDOWE		June 4,192	24	GE (In years it birthdoy) 35 yrs.		TYEAR Days	IF UND Hours	Min.	
100. USUAL OCCI during most of Ma.C.	UPATION (Give kind of work working life, even if retired)	done 10b. I	tind of Business or Indus	oter Pe	or foreign countr	γ)	1	ZEN OF	WHAT	COUNTRY	
13. FATHER'S NA	mis T. Baer			14. MOTHER'S MAIDEN Kathi	ryn Rae B	etr		-			
15. WAS DECEAS [Yes, no, or unknown]	ED EVER IN U. S. ARMED FO	service)	91-18-9599	Joseph R. Be	ter-	Address					
PART I	F DEATH Enter only one could be could b			onoxide Poise	oning				VAL BETWI		
PART I	II. OTHER SIGNIFICANT CON		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CO	NDITION GIV	EN IN PART			AUTOPSY DRMED? NO 🔼	
CAUSE OF D	or CONTRIBUTING	Conr	e now injury occurred. (om exhaust in	nto autor	obile					
20c. TIME OF	g. m.	with	Not while for	ACE OF INJURY (Home, for story, street, office bldg., et Highway	c.)	- Hager	cov etown		sh	(State) Md	
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause										
ACTUAL SIGNATURE	8. Toke	7	mells	M.D. CHIEF MEDICAL E	XAMINER [DATE :	SIGNED	
EXAMINER'S NAME (Type	S. Rob	ert We	elle, M.D.	ASSISTANT MEDICAL	CAL EXAMINER			Augu	ıat	8 57	
Buri 23. FUNERAL DIRI		7 U	22c. NAME OF CEMETERY OF CONTOWN CON ADDRESS	metery Uni	22d. LOCATION LON TOWN TO BY REGISTRAR	Faye				e)	

VS. A15ME(5) 5M 9/55

MEDICAL ECOMINER'S CHATTERATE OF DEATH

New or Manual Control of the LLOB REST Days

return an expensive a special state

16-16-40 (2011) (100) (150) (100)

BUREAU V. E.

1961 TI SIN

SECENTED SE

BUREAU V. S.

YNG 30 1821

BECENED

Course & Jan MERLY

08943 **CERTIFICATE OF DEATH** Rea. Dist. No I director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Sh I Marton CITY OR TOWN (If autside correctote limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town); NAME OF HOSPITAL (IF not in hospital mive street address! d. STREET a. IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Middle # Lost Month Yeor Day DECEASED OF DEATH (Type or print) Pages 190 amil 6. COLO OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years Months Doys Hours WIDOWED -DIVORCED | popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, oven if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. oug GHTOFFICE WINCH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 72 hours physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Ym. no or unknown) [[If yes, give wor or dates of drivers] 17. INFORMANT ddress offending 18. CAUSE OF DEATH [Enter only one couse per line INTERVAL BETWEEN for (a), (b), and (c). ONSE AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO à Ony Conditions, if pny, which (b) signed gove rise to immediate DUE TO 1 couse (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? burial YES | NO IT 20a. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Part II of item 18.) 20c, TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m While Not while of work at work 21. I certify that I attended the deceased fram. ___, 19_5_2, that I last saw the deceased alive an that death accurred .M. fram the causes and an the date stated above. ADDRESS Street ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) (7) 220. BURIAL, CREMATION, 22b. DAJE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 9 BORO O ENTRAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNA VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Williamsport 11 day learning William fort war stammen 119 bear 3" St Escapance Franklin Kinger " To august 31 mule white . March 9 1872 20 Formand Participation of Manage Participation having Heathing Waver find the langue with ten 3 21 fle the many to the many BUREAU V. S. 2961 6 d3S PARIST PRICES CENETERS WAY 1975 Miller I These Mugnisher, Co. Courses

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08894 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DEATH (1891)

1.	o. COUNTY	Washingt	Maryl	CE (Where deceased lived. If institutions Residence before admission) ryland b. COUNTY Washington								
1	b. CITY OR TOWN (IF ond give neares) town? Hage 1	outside corporate limits, write Stown	RURAL	c. LENGTH OF STAY IN 1b		or town (If		porate limits, write	RURAL or	nd give r	nearest to	wn)
	d. NAME OF HOSPITA	128 S. Po		d. STREET ADDRESS 128 S. Potomac Street on A F yes result								
3.	NAME OF DECEASED (Type or print)	fin Hen		Middle Augustus	Burg	or or	4. DATE OF DEATH	Aug.		Day		^{rear} 957
5.	Male	6. COLOR OR RACE	7. MARRIE	DIVORCED 8		тн • 18,1	884	9. AGE (In years lost birthdoy) 72 yrs.	Manths	R IYEAR Days	Hours	ER 24 HRS. Min.
/_	Retired Of	N (Give kind of work of life, even if retired) Tice Worke	ione 10b. K	ind of Business or Indust Secretary codmen of Worl	d H	agerat	own	country)	12. CI	USA	F WHAT	COUNTRY
13	3. FATHER'S NAME Will	iam August	us Bu	rger		Mrs. H		tta Rider				
3.5 (Y)	5. WAS DECEASED EVE 101, NO, AT UNKNOWN) NO	R IN U. S. ARMED FOI (If yes, give war or dates of t		11/ 0 - 10	FORMANT S . Ann	a B. B	urger	Address, 128 S.	Potos	nac :	St C	ity
ATION	PART I. DEATH 420, / Conditions, if an gove rise to Immedi (o), storing the uncouse lost.	nderlying DUE TO		Acute Coronary			NAL DISEAS	E CONDITION GIV	EN IN PAI	ONS	9. WAS PERFO	ATH
CERTIFICATION		TRIBUTING	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of	injury in Port	I or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJUR' Hour a.m. p. m.	Month, Day, Yea	r 20d, II While at wo	Not while facto	E OF INJURY ry, street, offi none	(Home, form, ce bldg., etc.)	20f. (City	or lown)	{Cc	ounty)		(State)
		from: Natural Rober	auses [emains described aba Accident [], Suit Wells, M.D.	ide [],	Homicide MEDICAL EX	AMINER (ause [find that
22	NAME (Type) TO BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO		22c. NAME OF CEMETERY OR	CREMATORY	Y MEDICAL E	22d. LOCA	TION (City, town, o			(Slot	9)
23	FUNERAL DIRECTOR'S W. T. No		Hager	Rose Hill Ce ADDRESS estown, Marylan			BY REGIST	egerstown			RE	ers

VS. A15ME(5) 5M 9/55

- TANK AND they discount in this products Jane 11 a Court - II bell A service and to a service restor at 100 contract made attraction and the property addresses and the The state of the s adventured transport starts.

SAME THE PARTY OF THE PARTY OF

. Tall relies while,

The state of the s

BUREAU V. S.

296T 9 d35

DECENA FILL

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please executed the cartificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your fit.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar profet to burial, cremation, ar removal

VS. A15ME(5) 5M 9/55 I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (18895) MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 ()89()8 Reg. Dist. No. 302

1	o. COUNTY		2. USUAL RESIDENCE (WI	here deceased lived. If Institution: Res	idence before admission)					
-	vashington	MARYLAND	mer a restrict Dar strict o							
П	b. CITY OR TOWN (If outside carporate finals, write RURAL and give necrest fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)							
L	Hagerstown	l hr.	Baltimore							
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	sital, give street oddress)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?					
	On Key St.		401 Ove	erbrook Road	YES NOT					
	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year					
ı	(Type or print) ROBERT	JACOB	CANFIECD	DEATH August 13	1957 19					
Ī			DATE OF BIRTH	9. AGE (In years IF UND	ER TYEAR IF UNDER 24 HRS.					
	Male White WIDOWED	DIVORCED .	Jany 18 19 1	8 39 yrs. Months	Days Hours Min.					
ľ	IDa. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	IND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote of	r foreignomitanna 12. C	ITIZEN OF WHAT COUNTRY?					
L		rtin Co	Butte Sil		USA					
Γ	13, FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME						
I	Robert W. Canfield		Floren	ce Hiatt						
I	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	FORMANT	Address						
I	Yes, no, or unknown) Yes W. W. 2	Mrs	Lili Canfi	eld 401 Overbro	ook Rd					
F	18 CAUSE OF DEATH Enter only one couse per line fo	or (a), (b), and (c).]	Baltin	ore Ma.	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH					
ı	IMMEDIATE CAUSE (o)				-					
l	Gun shot wound thru heart; hemorrhage & shock									
	Conditions, if ony, which (b)									
	(a), stoting the underlying DUE TO									
L										
	E	THE COUNTY TO DEATH BOTTO	OF REDITED TO THE TEXMIN	INCUISENSE CONDITION OFFICIAL IN PA	PERFORMED?					
ľ	TO EVERNIA TAILSE MASS	HOME DINING DESIGNED AS			YES NO					
		HOW INJURY OCCURRED (E-		or Part II of item 18) Alibre revolver						
	20c. TIME OF INJURY Month, Day, Year 20d. IN	NURY OCCURRED 200. PLAC	E OF INJURY (Home, form,	20f. (City or tawn) (C	County) (State)					
	20c. TIME OF INJURY Month, Day, Year 20d. IN- White p.m. 8 - / 3 19 5 White at work	Not while Jacia	ry, street, office bldg., etc.)		Vash. Md.					
ı	21. I certify that I took charge of the remains described above, held on Autopsy 4. Inspection 14. Inquiry 7. and find that									
1	deoth resulted from: Notural causes, Accident, Suicide, Homicide, Undetermined cause									
l										
	SIGNATURE S, Voter T K	elles	M.D. CHIEF MEDICAL EXA	MINER	DATE SIGNED					
1			ASSISTANT MEDICAL	EXAMINER []						
	EXAMINER'S S. Robert Wells,	M. D.	DEPUTY MEDICAL EX	CAMINER 2	ug ~14-57					
12	REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or county	(Stote)					
	Burial" 8/14/57 D	eposit Ceme	tery De	posit Broome C	o New York					
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 245, REGISTRAR'S						
	Andrew K. Coffman Hage	rstown Md.	CHEC.	16-197 5 Jeady	4200000					



BUREAU V. E.

Q

(2)

0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU

DECENALED

Item 3& Block 22 F 1 201 10-16-57 CERTIFICATE OF DEATH 08896 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY g. STATE **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest town 29llowoun d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? hours YES NO NAME OF Middle tost 4. DATE Month Day Year DECEASED OF (Type or print) DEATH Twin IIII CU 195 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF SIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Hours 1 WIDOWED DIVORCED T YES paper 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fareign country) COM 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) guo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 500 TOYE IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per ling for (b), (b), and (c).] INTERVAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET 49 - 1 day 16 **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART No. 19, WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) flory, street, office bldg , etc.) Hour a. n. While Not while p. m. at work at work 21. I certify that inded. The deceased from 19____that I last saw the deceased alive on and that death occurred at M. from the causes and on the date stated alsove. SDRESS (Street, city A GNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION 286. DATE THEREOF 1/22c. NAME OF CEMETERY OR CREMATORY 22d LOCALIST (City, town, or county) (State) REMOVAL (Specify) Hospital disposal Facerstown, Marvland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE

0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. 5

DECENALED

08897 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY Washington of Columbia 6. COUNTY MARYLAND b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagers town harvland 1 day Washington D. C. d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS 81 ON A FARM?_ Washington County Hospital the St. N. YES NO [2 NAME OF DECEASED Middle 4. DATE Yeor OF DEATH (Type or print) ALICE EDNA COLLIER Aug. 1957 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Female Sept. 1 WIDOWED [DIVORCED T Court Reporter Dept. Of Labor Stoneham - Mass. 12. CITIZEN OF WHAT COUNTRY? U.S.A 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Collier Ada Rose Brock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Mrs. James Sachs Funkstown Md. 10 18. CAUSE OF DEATH [Enler only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN 48 hour PART I. DEATH WAS CAUSED BY. acute boban IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), sloting the underlying couse lost. PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES P NO 200 ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACCUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, , 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Not while While of work of work 21. I certify that I attended the deceased fram 81.26, 19-57, that I last saw the deceased ____, and that death accurred at 8.30 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED 154 West Washington St. SIGNATURE PHYSICIAN'S NAME (Type) Hagerstown. Md. John H. Hornbaker, M.D. 220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C ty, town, or county) REMOYAL [Specify] Williamsport Maryland Riverview Cemetery 240. REC'D BY REGISTRAR

corbon

FUNER

01

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

A OT

ZS6.



7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08912
1 +4 1		CERTIFICATE OF DEATH Reg. Dist. No. 303
director,		PLACE OF DEATH O. COUNTY / DOS MINGLEON MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution and dence before admission) O. STATE DO MARYLAND D. COUNTY - POME - STATE
death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the f	0	d. MAME OF ROSPITAL III pat in hospital give street address) OR INSTITUTION OR AFARM? YES NO DEPTY NO D
illed res I am		NAME OF DECEASED (Type or print) HELEN M. COLLIER, DEATH August 31 1957
d within	1	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH SEX OF BIRTH ON 1873 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In years In under 1 YEAR IF UNDER 24 HRS In years If UNDER 1 YEAR IF UNDER 24 HRS ON 1873 ON 18
nd com	(USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE ISlate at foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 13. FICA. WOrker U.S. Government / USS. O.C.
sicion a re corbo	(Ed. Geo, W. Collier Ann Elizabeth Michael
ing phy is remove 72 hav	IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Quilly you, give wor or dates of services of Miss Sail Hamminger Free wealth.
to attend en pleas at within		18. CAUSE OF DEATH [Enter only one cause per line for (o). (b). one (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH ONSET AND DEATH
d by the		Conditions, if ony, which) (b) To Converteire Failure France
require ion. Isis per	_	gave rise to immediate course (a), stoling the under- lying couse lost. DUE TO (c)
the law thysic has been rial-trainmayal, a	FICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
trending pricate prica	CAL CERTII	20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSI or of this cer or use o cremotion	MEDIC	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 Not while of work of work of work 19
ending the hashing the hashing		21. I certify that I attended the deceased from / Hus, 1957 to 30 August That I last saw the deceased alive on 30 August 196 14, and that death accurred at 3:00 MM, from the causes and on the date stated above.
DR ATTE		ACTUAL SIGNATURE SIGNED & LECTOR M.D. Green and for DATE SIGNED
be retain be retain NER 3 s		PHYSICIAN'S NAME (Type)
O HOS moy by O FUNI poge ()		BURIAL GREMATON, 22b. DATE, THEREOF 22c. MAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or country), (Stole) REMOVED (Specify) 9/3/57 Cedar Hill Cem. CTRCe MEASTIE, C.
VS A15 (4) 15M 9/55	23.	FUNDRESS JOHNSURE JODRESS 240 REC'D BY REGISTRAR 246/REBISTRAR'S SIGNATURE PROPERTY OF ANTI-OCCUPANT OCCUPANT OF ANTI-OCCUPANT OCCUPANT





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4 15M 9/55

å

P

Z' 'A NYBELO

DECEIVED SIV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08914 08990 **CERTIFICATE OF DEATH** Reg. Dist. No. 3012 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Washington **b. COUNTY** MARYLAND Maryland Washington b. CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL and give nearest town) h days Hagerstown Hagerstown d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARM? South Potomac Street Washington County Hospital YES NO IN NAME OF Middle Lost 4. DATE Month Day Year DECEASED 1957 Allen 20 (Type or print) Gregory Delounev DEATH August IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthday) Hours white WIDOWED I DIVORCED [male August 16, 195 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Hagerstowh, Maryland FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Delouney Betty Jane Kelly IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Hagerstown, Maryland Mr. Charles Delounev none no IB. CAUSE OF DEATH | Enter only one cause pe INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 6 DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20e PLACE OF INJURY (Home, form, 20f (City or lawn) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED (State) (County) foctory, street, office bldg., etc. Hour a. m. at work at wark attended the deceased from . 19____that I last saw the deceased 21 I certify that and that death occurred M, from the causes and on the date stated above. ADDRESS (Street, city or town, slate) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Rose Hill Cemetery Hagerstown, Maryland ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE SUTER-ROUZER Fune 24b REGISTRAR'S SIGNATURE 240_REC'D BY REGISTRAR Funeral Home Hagerstown, Maryland

VS A15 (4)

erol.

P

corbon

mit.

hours

BUREAU V. E.

105 7 1957

MEGEIAT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY 6. COUNTY Washington o. STATE Maryland Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write EURAL c. JENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give recrest fown) hrs. Williamsport Md. RFD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 129 E. Potomac Street Hopewell Road YES NO [3. NAME OF Middle 4. DATE Menth Day Year Mr. Benjamin (Type or print) Hov Dewey DEATH 26 19 5 5. SEX 9. AGE (In year) 6. COLOR OR RACE 7. MARRIED 17 NEVER MARRIED 17 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Min. Male White WIDOWED [7] DIVORCED [7] June 28 1892 2 with YES. to USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Leging most of working life, even if refired)
Tenant Farmer Farm Quincy Pa. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lum Dewey Susan Harshman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hopewell Road Road No 220-30 Mrs. Frances Dewey 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO acuto coronary ocilusion Conditions, if gay, which gove rise to immediate cause DUE TO (a), stating the underlying couse lest. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO FE 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while 0. m. 1/200 of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Z Inquiry . death resulted from: Natural causes P. Accident ... Suicide . Homicide . Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S S. Robert Wells DEPUTY MEDICAL EXAMINER [7] NAME (Type) 37.0 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) Paryland Willia sport Cemetery 0 Greenlawn 29 - 57Aug. 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b REGISTRAK'S SIGNATURE VS. A15ME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU Y. E.

7561 08 9UA

OBVIDA EN

0 0 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. «

1921 J 1921

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 08912 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY ASHINGTON e. COUNTY ed. MARYLAND MARYLAND washington 5 2 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest lown] RURAL and give nearest town) hould ROHRERSVILLE WASI HAGERSTOWN d NAME OF HOSPITAL (if not in hospital, give street address) d STREET ADDRESS OR INSTITUTION Š 农 WASH.CO.HOSPITAL MAIN STREET X NAME OF 4. DATE Month Middle Lost DECEASED MASTON AUGUST (Type or print) ADA M 15 195 9. AGE (in years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B DATE OF BIRTH Months WIDOWEDN DIVORCED | 1884 JUNE FEMALE popers. 104. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) death. during most of working life, even if retired) HOUSE WIFE OWN HOME pou 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME SUSAN HUFFER MILLARD GLOPPER 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NONE NONE 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)_ Pulmonary edema 40,00 MArteriosclerotic heart disease ony Conditions, if ony, which gove rise to immediate **DUE TO** 8 couse (a), stating the underlying cause lost. CATION Diabetes mellitus 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)

e. IS RESIDENCE ON A FARM?

YES 🗍 N 🗂

Yeor

19

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO TO

(Stote)

DATE SIGNED

(County)

12. CITIZEN OF WHAT COUNTRY? ROHRERSVILLE WASH.CO.MD. physician Address MISS GLADYS EASTON ROHRERSVILLE MD. مُ **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg, etc. Hour o. m While Not while at work Ol wark Oct., 19.50, to Alig 15, 19.57, that I last saw the deceased 21. I certify that I attended the deceased from. _____, 152____, and that death accurred at 9:15AM, from the causes and an the date stated above. alive on _____ ADDRESS (Street, city or town, stote) ned by ACTUAL SIGNATURE 148 West Washington St. PHYSICIAN'S Kneislev Hagerstown, NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) ROHRERSVILLE WASH.CO.MD. AUG.17 RRHRERSVILLE CEMENERY 01 23 FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR

0

HOSPITAL

0

ofter death, Page

24 hours

that



5291 SS: 2UA



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

NOE S 1922

AUG S 1922

1. PLACE OF DEATH O. COUNTY MARYLAND 1. PLACE OF DEATH O. COUNTY O. COUNTY D. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b D. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b D. CITY OR TOWN (If outside carporate limits, write RUI D. CITY OR TOWN (If outside carporate limits	
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RUI RURAL and give nevers town) 2 VEHRS 4. NAME OF HOSPITAL (If not in hospital, give street address) 6. NAME OF HOSPITAL (If not in hospital, give street address) 7. NAME OF HOSPITAL (If not in hospital, give street address) 8. NAME OF HOSPITAL (IF not in hospital, give street address) 8. NAME OF HOSPITAL (IF not in hospital, give street address) 8. NAME OF HOSPITAL (IF not in hospital, give street address) 8. NAME OF HOSPITAL (IF not in hospital, give street address) 8. NAME OF HOSPITAL (IF not in hospital, give street address) 8. NAME OF HOSPITAL (IF not in hospital, give street address) 8. NAME OF HOSPITAL (IF not in hospital, give street address) 8. NAME OF HOSPITAL (IF not in hospital, give street address) 8. NAME OF HOSPITAL (IF not in hospital, give street address) 8. NAME OF HOSPITAL (IF not in hospital, give street address) 8. NAME OF HOSPITAL (IF not in hospital, give street address) 8. NAME OF HOSPITAL (IF not in hospital, give street address)	Reg. Dist. No.
BOINS BORD A. NAME OF HOSPITAL (If not in hospital, give street address) G. STREET ADDRESS G. STREET ADDR	
d. NAME OF HOSPITAL (IF not in hospital, give street address) OR, INSTITUTION FAHRNEY-KEEDY MEM. HOME THARNEY-KEEDY MEM. 3. NAME OF DECEASED DECEASED First Middle FAIC OF Month	RAL and give nearest town)
3. NAME OF First Middle Last 4. DATE Month	e is residence on a farm?
C = 0 (Type or print) DANIES E. ENGLER DEATH AII/6	
5. SEX 16. COLOR OR RACE 17. MARRIED POSTER MARRIED TO 8. DATE OF BIRTH 19 AGE (In years 1	F UNDER 1 YEAR IF UNDER 24 HRS.
AAALS INCOMED DIVORCED AAAD 12-10 AF	Months Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if rehred)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Ui.a.
SOLOMON P. ENGLER MARY ROOP	
[19s. no. or juninous] [19 yes, give year or date of service]	ONS BURO, MD
18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and d).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CLEVICE HARMOVILAGE	ONSET AND DEATH
Due TO Conditions, if any, which)	
gove rise to immediate corse (a), stating the under DUE TO	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVES	N IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO N
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	7
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work	(County) (State)
alive an August 1997, and that death occurred at M. from the causes an	that I last saw the deceased d on the date stated above.
ACTUAL SIGNATURE SIGNATURE SIGNATURE ACTUAL M.D. BOONSIDED	ote) PATE SIGNED
PHYSICIAN'S NAME (Type) G-WILEVA TO SEMESTER OF CREMATORY	mel.
BUNYAL 8/21/57 PIPE CREEK CEM CARROLL	COUNTY MO
VS A15 (4) 15M 9/55 232 FUNERAL DIRECTOR'S SIGNATURE VS A15 (4) 15M 9/55 VS A15 (4) 15M 9/55	RAR'S SIGNATURE BONS

BUREAU V. S.

AUG 22 1957



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 08904

118921

	100						150	9. Pist. 140.	200	
1. PLACE OF a. COUNT	DEATH				2. USUAL RESIDENCE (WI		d. If institution: b. COUNTY	Residence before	odmission)	
	Washington		MATE		Maryl	and		Washi	ngton	
b. CITY OF	R TOWN (If outside corporate lim and give nearest town)	ils, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If a	outside corporate l	imits, write RURA	L and give near	est town)	
7	laguest.com		2 days		Hager:	stown				
d NAME	OF HOSPITAL (If not in hospital, (TITUTION	give street	oddress)		d STREET ADDRESS	7.7.7.7.			IS RESIDENCE	
	shington County				219 Colonia	l Drive			ON A FARM? YES TO NO ME	
3. NAME OF		rst	Middle		Last	4. DATE	Month	Day		
(Type or p		141	CRAWFORI)	ESTERLINE	OF	igust	30	19 57	
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIES	8.	DATE OF BIRTH	9 A			IF UNDER 24 HRS	
male	white	WIDOW	ED DIVORCED		November 26.	. 1875 "	st birthday) M	onths Days	Hours Min.	
IOO USUAL C	OCCUPATION (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUST			- total	12 CITIZEN OF	WHAT COUNTRY	
during m	ost of working life, even if retired conductor	0	ennsylvania							
13. FATHER'S			strito'A TAGRITTE	ReR.	Anderson		Lvania	U.S.A	•	
	David Esterline									
	EASED EVER IN U. S. ARMED FOR			100 100	FORMANT	<u>lnnie</u> Cra				
(Yes, no, or unkn		service)	SOCIAL SECURITY NO.	17, IN	FORMANT		Address			
no		u	nknown	Mr	Jane Etch	son	lagersto	wn. Md.		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN									
P.	ART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c	, Sa	rcoma of	the	lung with	metast	asis	UNSE	l 'yr	
16	3 X DUE TO									
	ions if one which t									
	rise to immediate)								
	o), stoling the under DUE TO	,								
		c}								
5	ART II OTHER SIGNIFICANT CON	ADITIONS	CONTRIBUTING TO DEA	H ROLL	IOI KELAIED IO THE TERMI	NAL DISEASE CO	NDITION GIVEN		PERFORMED?	
2									YES NO	
OR CON	CIDENT WAS UNDERLYING THE TRIBUTING TO CAUSE OF DEATH R. NOTIFY MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of injury in I	Part for Part II of	item 18.)			
20c. TIME	OF INJURY Month, Day, Ye	or 20d. I	NJURY OCCURRED	Oe. PLAC	E OF INJURY (Home, form	, 20f. (City or to	wn)	(County)	(Stote)	
G Hot	ur a.m.	While	Not while	focto	ory, street, office bldg., etc	1			,	
	21. I certify that I attended the deceased from June 15 , 19 57, ta Aug. 30 , 1957 that I last saw the deceased									
alive a	alive an Aug. 30 19 57, and that death accurred at 12:50 PM, from the causes and an the									
	AAJ	0	•			ADDRESS (Street,	city or lown, stot	e)	DATE SIGNED	
ACTUAL	IRE / White	elen		M	o. 148 West	Washi	ngton S	street	8/30/57	
	7							*****		
PHYSICIA NAME (T	ype) B. B. Kn.	<u>eiśl</u>	ey, K.D.		Hagersto	wn, Ma:	ryland			
220. BURIAL,	CREMATION, 226. DATE THERE	OF	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCATION	(City, town, or co	ounty)	(State)	
Buria	AL Specify 9/2/19	57	Fairview	Ceme	tery	Altoon			nnsylvani	
	DIRECTOR'S SIGNATURE HOUZET FUNETAL	U	ADDRESS		24mfREGL	DEBY REGISTRAR	24bOREGISTRA	R'S SIGNATURE		
Suter-	Houzer Funeral	HOHE	Hagerstown	, Md	• 026	5 1957	1-491	473	evere	
1) - dodo	in John Renger		_	-	Print, I	· - (/ / - /	Chicago de	11.00		

TO FUNERA VS A1S (4) 15M 9/SS

BECEINED

25p 9 1957

IBERU V. Z.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

S A AV.

ZSGT

08922 No. 302

3906 CERTIFICATE OF DE	HTA
------------------------	-----

			089	96	CERTIF	ICA	ATE OF D	EATH	l	F	Reg. Dist.	No.	302		
	1. 1	PLACE OF DEATH S. COUNTY Washing	ton		MARYL	MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution of STATE Maryland Washins						YTY			
		b. CITY OR TOWN (IF RURAL and give nea	outside corporate limi rest town)	its, write	c. LENGTH OF STAY II		c. CITY OR T	OWN (If ou	utside corporale lim		RURAL and give nearest town)				
	-	Hagerst		ive street	4 Yr	8	Hage:		m.			- 45	RESIDENCE		
		OR INSTITUTION	st Frank	7 4 ~		- 1			Frankl	in St		10	N A FARM?		
	2	NAME OF	<u> </u>		St Middle	1	Los		4. DATE						
		DECEASED (Type or print)	ANNIE		ELIZABETH		FOX		OF DEATH Aug	ust 2	0 19	Day 57	Year 19		
	5 9	EX		7. MARR	IED 🗌 NEVER MARRIED		8. DATE OF BIRTH	ŧ	9. AGE				NDER 24 HRS.		
		Female	White	WIDOWE			Sept '	7 186	89	yrs.	WONTH'S DE	ays Hou	urs Min.		
٠,	100	 USUAL OCCUPATION during most of working 	I (Give kind of work og life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (Stote o	or foreign country)	Md.	12. CITIZE	N OF WE	HAT COUNTRY?		
1	<u> </u>	Housewi	fe		Own Home			. Spr		h. Co	U	SA.			
Set.	13.	FATHER'S NAME					14. MOTHER'S								
			Werdeba					anne	Whatst						
^	15 (Yes	, no, or unknown) [If	IN U. S. ARMED FOR yea, give wor or dates of s	ervice)	SOCIAL SECURITY NO.		NFORMANT		444	Address					
this this		No			None	Mr			ve 444	W. Fr	ankl:	in g	t		
		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] Hagerstown Ls, PART 1. DEATH WAS CAUSED BY:													
		1	MMEDIATE CAUSE (o												
		432.1	DUE TO)	2.1	, 8	, m	.77/7. 44			-				
		Conditions, if ong	mediate)	- La		2 1/2	, , , , , ,				(4		
		cottse (o), stating the lying couse lost.		:)	Car. L.	d		1= -	The state of the s	Description of					
)	CATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE COND	ITION GIVEN	IN PART 1	PE	AS AUTOPSY REORMED?		
	CERTIF	200. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH SEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRE). (Enter nature of	injury in Po	ort I or Part II of it	em 18.)					
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	Not while of work	foc	ACE OF INJURY (I dory, street, office	lome, form, bldg., etc.)	20f. (City or tow	n)	(Cov	nly)	(Stote)		
		21. I certify tha	t I attended the	decease	ed from	13	192/	, to	4 - 26 -	19/	that I las	t saw t	he deceased		
		alive on	7/7-5	7 12	, and that a	death	accurred at.	2 1	M, fram the	causes and	d on the	date st	ated above.		
			Brown K	-	1/2		•		ADDRESS (Street, cit				DATE SIGNED		
1		ACTUAL SIGNATURE	71 . 6.	1	5 6		MD C		and in the text	22. 2			- Lid-12-2		
•		PHYSICIAN'S NAME (Type)	TA EIV	11	1776 34		1	. S	V ,	241	>	12			
	220	BURIAL, CREMATION	, 226. DATE THEREC)F	22c. NAME OF CEMET	ERY O	R CREMATORY		22d. LOCATION (C	ity, town, or i	county)	(5	State)		
		Burial	18/23/57		Rose Hil	1 0	emeter	7	Hagers	town	Wash	. Co	Nd.		
	23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'D	BY REGISTRAR	245 REGISTR			/		
	AX	drew K.	Coffman	Hage	rstown Md			CALLA	241957	6na	417	100	very		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNRA RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 standard be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 ortals should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55



2561 2~ 5m

DE ALESEN



Hagerstown

Scott F. Minnich & Son

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Orleans

30

e. IS RESIDENCI ON A FARM?

Yeor

IF UNDER 24 HRS.

INTERVAL BETWEEN

PERFORMED?

DATE SIGNED

(Stote)

August 31 57

NO 🗆

(Stote)

YES TE

(County)

YES NO TO

1957

VS. A15ME(5) SM 9/55

SEP 5 1957

BUREAU V. S.

1	-				MARYL	AND STA	TE DEPARTA	IENT O	F HEALTI	H-BAL	IMORE, 1	8	i C A i	กะ
	شر				08908	}	CERTIFIC	ATE O	F DEAT	Н		Reg. Dist.	No.	53_
oge irector	arti)	1, 6	LACE OF DEATH	Va alai a arta a		MARYLAND	2. USUAL o. STA	TE	here deceased	lived. If institutes b. COUNTY			ission)
e e e	No. of Concession, Name of Street, or other Persons, Name of Street, or ot				Vashington If outside corporate limits	unia - 16	NGTH OF STAY IN 16	- CIP	Md.			Washin		
death.	,			RURAL and give r	rearest town)			e. CIII			ote limits, write Ri	UKAL and give	negrest to	wn)
to do					erstown		weeks	X		rsprin	5			
S S		1		OR INSTITUTION	TAL (If not in hospitol, gi		s}	d. STR	EET ADDRESS					ESIDENCE A FARM? NO X
5 5 5			3. P	AME OF	Firs	1	Middle		Lost	4. DATE	Mon	fh	Đay	Year
es 1				Type or print)	Peter	S	Brewer	Gs	ell	DEATH	8		12	19 57
# 75 g			5. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 Y		
2 de 4				male	white	WIDOWED 🔲	DIVORCED	Nov.	11. 18	77	79 yrs.	Months Do	/s Hour	3 Min,
comple papers	-	-	10o.	USUAL OCCUPATI	ON (Give kind of work d	one 10b KIND	OF BUSINESS OR INDU				untry)	12. CITIZE	OF WH	AT COUNTRY?
execution of community properties of the community of the contract of the cont				reti	rking life, even if retired)		farmer	Fr	anklin	Co. Per	ma.	u.	S.A.	
8 5 g			/13. 1	ATHER'S NAME			I CLI III CI		HER'S MAIDEN		Liter	1 00	2 671 6	
5 U p y	1	-1			rew Gsell					Brewel	•			
		2	15. \ (Yes.	WAS DECEASED BY	ER IN U. S. ARMED FORCE	IES? 16. SOCIA	L SECURITY NO 17.	NFORMANI			Addr			
nding ease re hin 72		,		no		no	ne P.	J. Bra	ungard	332 5	Pot. S	st., Ha	gerst	own, Mo
eotl end leos thin				18 CAUSE OF DE	ATH [Enter only one cou	se per line for	(a), (b), and (c).]					Į.	NTERVAL	BETWEEN
6 to the				PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Car	cinomatos	is. a	reneral	ized				nown
부 부 등				11.28	DUE TO			_		_			1	71
ڇُن _{ِي} آهَ ۽				Conditions, if	ony, which)	(ar	cinoma of	the	rectum	t			unk	nown
e de c				gove rise to	immediate (Dur TO		Ω							
2				Lying couse lost.	The under-									
ren ons			NO.	PART II. OT	HER SIGNIFICANT COND	ITIONS CONTR	BUTING TO DEATH BU	NOT RELAT	ED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 16	1 19. WA	S AUTOPSY
S by		0	ATIC										PERI	FORMED?
The Popularies the Po			F.	20n. ACCIDENT W	AS UNDERLYING	20b DESCRIBE	none HOW INJURY OCCURR	D (Spiter no	ture of injury in	Port 1 or Part	(Lof item 18.)		1 1 5 5	T MO TO
AN: endin ficote ficote the b			CERTIFICAT	OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE !	ION HOOKI OCCUR.	o fame no	iote of injury in	7011101101	ti or train to j			
S erting			CAL	20c. TIME OF INJU	RY Month, Doy, Yea	20d. INJURY			URY (Hame, forn		or town)	(Cour	ly)	(Slole)
his or use			MEDICAL	Hour a.m	19	While It		ctory, street,	office bldg , etc	:-)				
				21 L certify t	hat I attended the	deceased fro	July 20	10	57 10 /	ugust	12 10 57	that I last	can th	e deceased
A A Si				alive on Au	1 4 5	19 57	ond_that deat	OCCULTAGE	1 0:10:1	8 am	the course o			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				01110 0112222			indi dedi	· occorre	2 41		eel, city or town,			DATÉ SIGNED
A CONT				ACTUAL SIGNATURE	wiki Ok	But	Thus	14.6						
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				SIGNATURE		, ,	4. 0	M.D	~		4.			
Shock short				PHYSICIAN'S NAME (Type)	Archie Ro	bert (ohen, M.D	. (lear S	pring	, Maryl	and	8/1	2/57
S S S S S S S S S S S S S S S S S S S		,	220.	BURIAL, CREMATIC	ON, 226. DATE THEREO	F 22c.	NAME OF CEMETERY	R CREMATO	RY		ION (City, town, o		(\$1	ote)
Poge the re	1	il.		burial	8-14-57	Me	ennonite Ch	. Ceme	tery	Clea	arspring,	,	Md.	
2 2	.1		23.	FUNERAL DIRECTOR	S SIGNATURE	,	ADDRESS		24a. REC	D BY REGIST	RAR 246 REGIS	IRAR'S SIGNA	TURE	
VS A15 (4) 15M 9/55	MI	1	-	John 7	· Clark	C]	learspring,	Md.	Soll	2/6R	1 lon	esti	Doc	elesid
	V. Y		- /							· · · · · · · · · · · · · · · · · · ·		7 7		

BUREAU V. 2

7261 61 **9NV**



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08926CERTIFICATE OF DEATH Reg. Dist. No. 307 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Md. Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown d STREET ADDRESS e. IS RESIDENCE 247 Summit Ave., YES T NO. 4. DATE Month Day Year Harne 19 57 DEATH 9. AGE (in years tast birthday)
90 yrs. B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Doys Oct. 3, 1866 12. CITIZEN OF WHAT COUNTRY? Hagerstown, Md. USA 14. MOTHER'S MAIDEN NAME Mary Meredith 17. INFORMANT Address Mrs. Charles Kitzmiller Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Slate) (County) factory, street, affice bldg, etc.)

dan 57. Lithat I last saw the deceased

Md.

22d. LOCATION (City, town, or county)

(State)

Rose Hill

Hagerstown 740 REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

BUBERG A F

SECENTED 1957

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VNG 88 1957

REGENVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUBEAU V. S.

7.560 -

.

.

,

phy

4

OR

HOSPITAL

0

2 V UAL

, .

. .

SM 9755

BUREAU V. S.

2961 2 9NV

DECENATION SECENALLY

08931

08912

CERTIFICATE OF DEATH

3071

04070			Reg. Dis	1. No
1, PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Who	ere deceased lived. If institutions Residence	ce before admission)
WASHINGTON	INDITIONS:	MARYLAND	WASHINGTO	אור
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL and g	
HAGERSTOWN	2DAYS	MAPLEVIL	TE TO THE TENTE OF	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
WASHINGTON COUNTY	HOSPITAL	BOONSBO	RO MARYLAND ROU	LE SAEZ NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Yeer
(Type or print) JAMES	RUSH	KEADLE	DEATH AUGUST 16 19	957 19
5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	8. DATE OF BIRTH		TYEAR IF UNDER 24 HRS.
MALE WHITE WIDOW		AUGUST 21 1	871 85 71	Days Hours Min.
10b USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
	OWN FARM		ORO WASH CO NO.	U.S.A.
3 FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
JOHN E KEADLE		HELEN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Address	
	NONE CH	IARLES K.KEA	DLE BOONSBORO MI	ROUTE 2
18. CAUSE OF DEATH [Enter only one couse per lie	ne for (o), (b), and (c)]		1 .	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6)	Lowna	na Varor	ybones	5 munch
LOCU. / DUE TO	6 ,	1/ /	0	
Conditions, if ony, which) (b)	Unculisão	allerion	elerois	of spea
gove rise to immediate OUETO	- 0			
lying couse lost.	· ·			•
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	I I(o) 19. WAS AUTOPSY
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				PERFORMED?
PART II OTHER SIGNIFICANT CONDITIONS C	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	ort I or Part II of item 18 }	
3 20c. TIME OF INJURY Month, Doy, Year 20d II	NJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, form,	20f (City or town) (C	county) (Stole)
20c. TIME OF INJURY Month, Doy, Year 20d It While Doy, m, 19 of wor	1401 MILITE	ctory, street, office bldg., etc.)		
	4.11	1057 4	40 11 15 7 11 11	
21. I certify that I attended the deceas		1971, 10.24		ast saw the deceased
alive on Language 195	and that death		M, from the causes and an th	e date stated above
ACTUAL CONTRACTOR	3 11	B.	ADDRESS (Street, city or town, stote)	PULL 7
SIGNATURE		M.D	own co	(
PHYSICIAN'S G.W.Leva	n	on- your man over one over and our said that the property of the day	md.	
220 BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
REMBURIAL AUG.12 1957	BOONSBORO	CEMETERY E	OONSBORO WASH.CO	MD.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D		SNA TORE
Dast James Down 19	our lawor	M. Bug	14.1957 Stanto	Towers.

he funeral director, should be filed with may be. The day the haspital or attending physician.

D FUNE! RECTOR: After this certificate has been signed by the attending physician and completely filled it page 3 shall be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 on the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

ilia Ilia

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNE

BUREAU V. E.

2961 67 911v

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 1 08913 CERTIFICATE OF DEATH Rea. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY COUNTY ington MARYLAND Washington ofter death. b. CITY OR TOWN (If outside corporate limits, write inneral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 모 Hancock Maryland. Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? i.ed inroute to Hospital Main YES NO NAME OF DECEASED First 4. DATE Middle Lost Month Day Year OF DEATH (Type or print) John Keefer Howard 19 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Days Hours Min. on papers. WIDOWED [7] DIVORCED T .1905 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

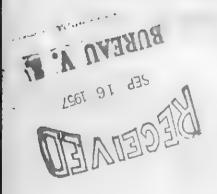
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Tracknan B&O.R.R. pup B&0 Fulton County Ponna carbon ofter FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Martin V.B. Keefer Sally Keefer hours move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Han cock Md. offending Main UrsGeneva 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL PETWEEN ã ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) thof **DUE TO** any Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. **Inriol-transit** (c) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19 WAS AUTOPSY 1 PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slote) Hour g. n. factory, street, office bldg., etc.) While Not while at work p. m. at work 21. I certify that I attended the deceased from Lithat I lost saw the deceased and that déoth occurred M, from the couses and on the date stated above. ADORESS (Street, city or lown, state) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) FUNER. 67 220. BURIAL CREMATION, 225. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, toyen, or county) aBod (Stote) REMOVAL (Specify) Rurisl 9 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. RECONVEREGISTRAR 24b.\ II DAT

SECENTED

BUREAU V. S.

HOSPITAL - ATTEND	may be reby 2 by the h	FUNERAL RECTOR: A	page 3 shau'n be detach	he realstrar mior to buri
SING PHYSICIAN:	pospital or attendin	After this certificate	ed for use as the b	al, cremation, ar r
The law requires	ig physician.	has been signed	purial-transit perm	emovel, and in or
that the de		by the atte	it. Then ple	IV avent wit
ath certificate be executed with		TO FUNERAL ACTOR: After this certificate has been signed by the attending physician and completely filled in " to funeral dire-	lose remove carban popers. Pa	nin 72 hours affer death.
in 24 hours offer death	1	filled in " e funeral o	ges I and 2 shawld be ful	
В.,		등	<u>=</u>	

		0891	4	CERT	IFICA	TE OF DEAT		IIMORE, I	Reg. Dist.	1934	101
1, PLA a. C	CE OF DEATH	Washingto	n	MAR	YLAND	2 USUAL RESIDENCE (W	here deceased	J lived. If institute b. COUNTY	on- Residence	before adm	,
Ha	ural and give of	wn		c. LENGTH OF STA		e. CITY OR TOWN (IF Hancock		rate limits, write R			
d, N	NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, g Washingto			pit	d. STREET ADDRESS) #I			ON	ESIDENCE A FARM?
	ME OF EASED be or Print)	Debra	ıt	Marie		tosi dwell	4. DATE OF DEATH	Mon Augi		Doy 23	Year 1957
	male	6. COLOR OR RACE White	WIDOWE	D DIVORC	ED 🗌	June I2.	1955	last birthday) 2 yrs	Months De	YEAR IF UN	
00	Infan	rking life, even ir relifeci	ione 10b.	KIND OF BUSINESS	OR INDUS	Berkeley	Spri		L	US.	
R		Leo Kidwe				Geraldi		cker			
5. WA (Yell, 190, N	or unknown) .	ER IN U. S. ARMED FOR If yes, give war or dates of in	AAICE)	SOCIAL SECURITY NO		pbert Leo K	.1dwel	1, Hanc		d.	
18.		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	0	e for (a), (b), and (c)	blo	stoma	w	ith		INTERVAL ONSET AN	RETWEEN ID DEATH
Conditions, if any, which) By generalized metertaries to sheel.									?	67	vo,
gave rise to immediate couse (o), stating the under lying cause last (c) large shapes + medicalization											
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE									PERI	ORMED?
OR (IF	ACCIDENT WE CONTRIBUTING	AS UNDERLYING THE CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRED	. (Enter nature of injury in	Port I or Port	11 of item 18.)			
20c	Hour a. gr. p. m.	RY Month, Day, Yea	While at work	Not while	20e. PLA fac	CE OF INJURY (Home, farr lory, street, office bldg, ele	n, 20f. (City	or town)	(Cou	inty)	(State)
	. I certify t	hat attended the	decease		t death	occurred at 9:30	8/23 BM from	the couses a	that I las		
П	TUAL C	11.11.13	co	Dr		10. 302M. /	TOM	reel, city or form	Atate)	mits	DATE SIEN
PH	YSICIAN'S	: A. M	. Ba	con Jr	302	N. Patoma	c St,	Hagers	town	Md.	
RE	IRIAL CREMATIC	8/25/5 ¹		22c NAME OF CEN Great C		crematory		ion (city, town, o		(SI) W.V.	ote)
PA	HKS HU	rs signature IVI/RAL HOM	Е Ве	ADDRESS rkeley S		CAL DED	D TY MEGIST		TRAPE SIGN		21121
C	1	-									7



DECENTED

BUREAU V. E.

VAG SR 1825

	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	08934
	08915 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH	-
(Ni)	1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived If Institution: Residen o. STATE Maryland b. COUNTY Washi	ce before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give material form)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
	Hagerstown Life	03 Hagerstown	
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
,	Washington County Hospital	/ 17 East Ave.	YES NO 📑
	(Type or print) Claude H	Leaman 4. DATE Month Of August	5 19 57
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	August 8,1875	YEAR IF UNDER 24 HRS. Pays Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Retired Bookbinder Printing	Hagerstown, Md. U.	EN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	V 10 0 1 1 1
	John F.Leaman	Jahe Eversfield Young	
	(Yes, no, or unknown) [If yes, give war or dotes of service)	aude H. Leaman 17 East Ave. Hagerstown, Md.	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Multiple f:	racture ribs	3 1 hrs
v.	8/2× DUE TO Fracture p	elvis	及 hrs
	Conditions, if any, which (b) Hemorphage	and shock	5ghrs
	(o), stoting the underlying DUE TO		
2.	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		1(o) 19 WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH. Hit by truck	Enter nature of injury in fort I or Port II of Item 18.) while crossing street	
- 1	While Not while	ACE OF INJURY (Home, form, 20f (City or town) (Country, street, office bldg, etc.) Hagerstown Wa	shington Mo
. /	21. I certify that I taok charge of the remains described about	DUI OOL	, and find that
	death resulted fram: Natural causes . Accident 4, Su		Li, and this that
	ACTUAL SELD S. Y DIOCOCO		DATE SIGNED
Park	SIGNATURE TO TO TOLY MELLES	M.D. CHIEF MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER []	
His	EXAMINER'S S. Robert Wells, M.D.	DEPUTY MEDICAL EXAMINER	8-6-57
	22d. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d, EOCATION (City, town, or county)	(State)
	Buria 1 August 8,1957 Rest Haven		Md.
the second	23. FUNERAL DIRECTOR'S SIGNATURE Rest Haven Funeral Chapel Inc. Hagerstow	m, Md. Quy, 7.1957 Chart	Bowers
1	We. a. Hone & U-Pres.		2,222

BUREAU K. K.

296T 6 9NV

144

08916

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08935

Reg. Dist. No. 302

	1. PLACE OF DEATH .	•				2. USUAL RESIDE							ssion)	
1		Washingt		MARY	LAND	o. STATE	Mary	rland	b. COU	NTY Wasi	ıınş	POH		
1	b. CITY OR TOWN (II	f autside corporate simits, wrîte. Ni. N	PRAL.	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If	outside cor	porate limits, w	rite RURAL and	give n	earest to	wn)	
	Magers			35 yrs				town						
,	d. NAME OF HOSPIT	AL OR INSTITUTION (IF a			1	d. STREET ADDI		- N/					A FARM?	
	D.O.A.	Washington	Count	ty Hospita.	1	822 Wood	Lan	d Nay				YES [№ 🔼	
	3. NAME OF DECEASED	First		Middle		Last		4. DATE		onth	Day		189	
	(Type or print)	Edward		Cronis		Lease		DEATH		guet	9	11	9 57	
	5. SEX	6. COLOR OR RACE 7.	MARRIED	MEVER MARRIED					9. AGE (In years lost birthday)		TYEAR Days	Hours	Min.	
Н	Male		VIDOWED			arch 21,1			65 y	n. monins	Dayı	noun	win.	
4]	10a. USUAL OCCUPATION during most of working	ON (Give kind of work doning life, even if retired)	1									TAHW	COUNTRY?	
	Implemen	t Supply	Fe	arm Machin	ory	Freder	ick	, Mar	yland		Aeu			
	13. FATHER'S NAME					14. MOTHER'S MAI								
		C. Lease					mre	Cron	186					
	15. WAS DECEASED EV	ER IN U. S. ARMED FORCE	ES? 16. S(OCIAL SECURITY NO.		FORMANT		. A D	Addr	en 955	Woo	dlan	Way	
	Yes	Iff yes, gree mar or dates of serv	2.	14-09-9702		Mrs. Mar	gar	en Je	TOSES	- usgar	BRO	MET 9	PAUL 0	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN DISET AND DEATH												
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Gerebral Hemorrhage												
	443X	Conditions, If one, which) Hypertensive cardio-vascular disease 8 yrs												
	Conditions, If a			hypertensi	Ae c	ardio-vas	cur	ar di	EGR BO			o yr	E	
	gave rise to imme (a), stating the													
	couse lost.	(c)												
	PART II, OT	HER SIGNIFICANT CONDIT	IONS CON	ITRIBUTING TO DEATH	H_BUT NO	OT RELATED TO THE	TERMIN	NALD SEAS	E CONDITION	GIYEN IN PART	1(0) 1	PERFO		
	3	None									1	res 🔲	но 🗷	
	PART II, OTH	USE WAS NERIBUTING E		HOM INJURY OCCUR	RED. (En	ter noture of injury	in Parl	l or Port II	of item 18.)					
			.,		De. PLAC	OF INJURY (Home	e, form.	20f. (City	or town)	(Cou	ntvl		(Stote)	
	20c. TIME OF INJUI	none 19	While of work	_ Not while _	factor	y, street, office bld	g., etc.)		-	-		-	,,	
		nat I took charge o	7		1 show	e held an Au	Honey	4	nspection [a Inquis	. 🗖		the state of	
		from: Natural ca						dissipation.	ndetermine		-	, and I	ind that	
	10 Contract	7 0	- E	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3016	de [licide	L, 0	ndereriimet	r coose [•			
	ACTUAL	1 when	me	lla		CHIEF MEDI	CAL EX	AMINED [7]				DATE S	IGNED	
	SIGNATURE			- 4		M.D. CHIEF MEDI		head	• 🗆		8_1	0-57		
	EXAMINER'S NAME (Type)	S. Robert	t Wel	1s, M.D.		DEPUTY MED					0-1	,U-)1		
	220. BURIAL, CREMATIC REMOVAL (Specify)	8-11-57	2	Rest Have		REMATORY		22d. LOCA Hag	TION (City, low	n, or county)	M	ld (State	1)	
	23. FUNERAL DIRECTOR			ADDRESS	/	240	REC'D	BY REGIST		GISTRAR'S SIG	NATUE	E		
	1.1.7 -		11	1. 1/1	7 -		-	12/	- JE	0 11	12	. 414	ssa	

VS. A15ME(5) 5M 9/55

or removal.



MEEN K

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08917

CERTIFICATE OF DEATH

08936

	I. PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give regrest fown) 25 years	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
1	d. NAME OF HOSPITAL (if not in hospital, give street address) Washington County Hospital	d. STREET ADDRESS / 921 Mulberry Ave. o. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) Warren Light Le	ettich 4. DATE Month Day Year OF DEATH August 26 19 57
	34-3	B. DATE OF BIRTH 9 AGE (In years lift UNDER 1 YEAR IF UNDER 74 HRS lost birthdoy) 60 yrs Months Days Hours Min.
1	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker Iron Works	TRY 11. BIRTHPLACE (Stole or foreign country) Lebanon Penn. 12 CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Lettich	Emma Light
7	(Yes. no. or unknown) [If yes, give wor or dates of service)	rs. Ruth E. Lettich Hagerstown Md.
	Conditions, if any, which gave rise to immediate Cause (a), stating the under lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	Heiselficency & ONSET AND DEATH 12 Las, 12 Las, Ulybrians 3 Lays NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ri. p. m. 19 While of work at work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
1	21. I certify that Latended the deceased fram alive on 19 f., and that death signature 19 J. D. WILSON, M.D.	accurred at 2 2M, from the causes and an the date stated above. ADDRESS (Street, city or town, storie) DATE SIGNED ADDRESS (Street, city or town, storie) DATE SIGNED ADDRESS (Street, city or town, storie)
	220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) BURIAL 8-29-57 Mt. Annvill	e Cemetery Annville Pa
	22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son Hagerstow	240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

SUREAU V. E.

WESEINEU.

08918 CERTIFICATE OF DEATH Reg. Dist. No. with director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Washington Filed Washington Maryland MARYLAND uneral b. CITY OR TOWN (if autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ RURAL and give nearest town) hould 50 yrs. Hagerstown Hagerstown > d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Jackson Convalescent Home 705 Orchard Road YES 🔲 NO 📉 2, NAME OF Middle 4. DATE Last Month Year DECEASED QF (Type or print) LIDA ELLA DEATH LINDSAY 21 August 19 57 S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (in years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED Months Doys Hours Min. March 31.1897 White Female DIVORCED [WIDOWED | 60 comple yrs. popers. 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Own Home Washington County.Md. U.S.A. ond corpon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME after physician John D. Higgs Florence V.Ditto 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address No Mr.Geo.R. Lindsay 705 Orchard Rd. Hagerstown. Md None offending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH ō. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Vascular hypertension event Acute Cerebral hemorrhage **DUE TO** 80 dave á Ë any Conditions, if any, which gave rise to immediate 8.5 **DUE TO** catte (a), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION removol, PERFORMED? YES NO X 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Month. 20f. (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) While Not while none of work at work Oct. 19 32, to Aug. 21 ____ 19_57, that I last saw the deceased 21. I certify that I attended the deceased from.____ 57, and that death accurred at 815 AM, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED 115 N. Potomac Street SIGNATURE PHYSICIAN'S S. Robert Hagerstown. Maryland The registror Wells. M.D. NAME (Type) moy be r 3 220. BUR.AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) Burial Rest Haven Cemeterv Hagerstown Md. 0 ADDRESS 01 Penna. Ave. 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS A15 (4) Rest Haven Funeral Chapel Inc. Hagerstown.Md 15M 9/SS

deoth

hours

HOSPITAL

o

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ANG SO 1957

BUREAU V. E.

VS A15 (4) 15M 9/SS

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
08919	CERTIFICATE	OF	DEATH	Re

08938

- 1								110	,, 6,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	1. PLACE OF DEATH 6. COUNTY WE	shington		MARY	- 14	2 USUAL RESIDENCE (Who STATE Md.		1 (0.0) (0)	ashing		
	b. CITY OR TOWN (If a RURAL and give neon Hag	outside corporate limits rest town) gerscown	, write	58 yrs.	N 1b	c. CITY OR TOWN (If o		mits, write RURAL	ond give nea	rest town}	
	A NAME OF HOSPITAL		Road	ddress)		d. STREET ADDRESS	Crescent	Road		ON A FA	RM?
	3. NAME OF DECEASED (Type or print)	First Elsie		Middle May	Max	nious	4. DATE OF DEATH	Month 8	22 22		
	5. SEX female		7. MARRI WIDOWEI	ED NEVER MARRIE		DATE OF BIRTH May 19, 1887	los	E (in years IF U) birthdoy) Mon O yrs.	NDER 1 YEAR		Min
,	100 USUAL OCCUPATION	g life, even if retired)	one 10b. !	home	INDUST	Clearspr		12	U.S.		DUNTRY?
1	13 FATHER'S NAME					14 MOTHER'S MAIDEN N		_			
	Johi	n Wilkes				Lucy	Rockwel	11			
	15. WAS DECEASED EVER (Yes, no or unknown) (If	IN U. S. ARMED FORCE yes, give war or dates of ser	ESP 16 S	none		ormant . Walter Lake	e Hage	Address erstown,	Md.		
	Conditions, if any gove rise to im- couse (a), stoting the lying couse last.	mediate	2.2	rio del	ero	til C.	v. L) seos	a «	1/-	2_
	3		itions <u>c</u>	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CON	idition given in	PART 1(0) 1	9, WAS AUT PERFORMI YES N	ED?
		UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	206 DESC	RIBE HOW INJURY OF	CURRED	(Enter nature of injury in F	Port I or Part II of	item 18 }			
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	DURY OCCURRED Not while at work	20s. PLAC focio	TE OF INJURY (Home, form ory, street, office bldg., etc.	20f. (City or to	wn)	(County)		(State)
	alive on a	attended the	decease 19	ed from 7/6/	deoth o		_M, from the	causes and city or town, state)			
1	PHYSICIAN'S NAME (Type)	EARL	Vo	u DG	11	D	21.O.				50
	220 BURIAL, CREMATION REMOVAL (Specify) burial	8-25-57		Rose Hi.	TERY OR	CREMATORY	Hagerst	City, town, or cou OWN	nty)	Md.	
	23. FUNERAL DIRECTOR'S			ADDRESS			BY REGISTRAR	245 REGISTRAR			. 1
	Fred W. Krai	.ss Hag	erst	own, Md.		Street	26.195	Johas	11100	محدود	W

BUREAU V. S.

SECEIVED SED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08920

08939

CERTIFICATE OF DEATH

Reg. Dist. No. 302

	PLACE OF DEATH O. CQUINTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Maryland b. COUNTY Washington
a paragraph	b. CITY OR TOWN (If outside carporate limits, write RUBAL and give negrest town) Hagerstown 40 years	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Hagerstown
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) Washington County Hospital	d. STREET ADDRESS / 820 Concord St. e. IS RESIDENCE ON A FARM? YES NOT
	3. NAME OF First Middle	lost 4. DATE Month Doy Year Arshall Death August 24 19 57
	Female White WIDOWED DIVORCED	April 7, 1902 P AGE (In years of FUNDER TYEAR IF UNDER 24 HRS) April 7, 1902 P AGE (In years of FUNDER 19 YEAR IF UNDER 24 HRS) Months Days Hours Min
1	during most of working life, even if retired) Waitress Diner	TRY II BIRTHPLACE (Stote or foreign country) Keedysville Md.
	John Churchey	14. MOTHER'S MAIDEN NAME Irene Kendle
Part of	(Yes, no, or unknown) Iff yes, give wor or dotte of service)	alter E. Marshall Hagerstown Md.
	18. CAUSE OF DEATH [Enter only one cause per line (a) (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ulo hephritis INTERVAL BETWEEN ONSES AND DEATH
	592x DUE TO Property he	elitus 4 yrs.
1 10 ¹ *	\$ 2/1x	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO -
	OR CONTRIBUTING COLORES OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. ft. p. m. 19 of work of work of work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ary, street, affice bldg., etc.)
	21. I certify that I attended the deceased from 12 23 alive on 2 2 2 2 and that death	occurred at 1/30/M, fram the causes and on the date stated abave.
	ACTUAL SIGNATURE LIES Margleman ,	ADDRESS (Street, city or town, store) 159 W. Washington St. Hag. Md.
		8/26/57 159 W. Washington St., Hagerstown, Maryland
		U. B. Benevola Md. (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son Hag. Md.	240. REC'D BY REGISTRAR 249. REGISTRAR'S SIGNATURE
	No color Minnigh & Son Hag. Ma.	Rum 29,1957 Kun MHI Screed W

EAU V. B.

Z967

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08951 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTYWashington Washington Maryland MARYLAND b. CITY OR TOWN (It outside corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negres) (own) Life Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS m. IS RESIDENCE ON A FARM? In auto just out of Hagerstown on 242 S. Mulbery Street YES NO 13 NAME OF DATE Year DECEASED (Type or print) EDWARD MART IN DEATH H August 19 57 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours IF UNDER 24 HRS, IF UNDER TYPAR Manths Devi Hours Min. Male White WIDOWED | DIVORCED [7] Nov.16.1932 WES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Cabinet Maker EN. Furniture Mfg. Hagerstown . Md . 9 U.S.A. 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Carrie E. Reynolds Wilbur H.Martin 10 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 242 Stath Mulberry St. Mrs. Edward H. Martin Hagerstown, Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ACUTE
IMMEDIATE CAUSE (a) Ruptured, healed dissecting aneurysm of ascending aorta Rheumatic valvular heart disease DUE TO Canditions, if any, which) gave rise to Immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? Mone NO F 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18,) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MONG none 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc.) Not while O. m. none none at work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection . Inquiry , and find that death resulted from: Natural causes 📑 Accident 🗍, Suicide 🗍. Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** S. Robert Wells, M.D. cute the NAME (Type) DEPUTY MEDICAL EXAMINER 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) REMOVAL (Specify) Aug. 4, 1957 Rest Haven Cemetery Md. Hagerstown ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. A15ME(5) Rest Haven Funeral Chapel Inc. Hagerstown, Md. 5M 9/55 CI Norak

DEPUTY

Z VIV

a 2UA

A DEC SAN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



2961 83 5in.

OUREAU V. S.

CERTIFICATE OF DEATH 08921 Rea. Dist. No. SPEIZE VOUNCE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a COUNTY o. STATE b. COUNTY MARYLAND WASHINGTON WASHINGTON MARYI.AND death. b. CITY OR TOWN III outside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 ě RURAL and give negrest town) ю HAGERSTOWN WEEKS TII.GHMANTON d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS a. IS RESIDENCE ON A FARMS FATRPLAY. MD.ROUTE YES NO WASHINGTON COUNTY NAME OF First Middle 4. DATE Lost Month Day Year DECEASED -(Type or print) HARVEY WOODROW MOATS DEATH AUGUST 10 5. SEX 4. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH Days Hours Min MALE DIVORCED | WIDOWED [6 yis. 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) RETIRED CARPENTER BUILDING TILGHMANTON WASH. CO.MD. U.S.A. ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion JACOB MOATS ANNIE MONGAN гетоме hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address nding | 72 ΝO MRS.FLORENCE MOATS AND DEATH 18 CAUSE OF DEATH [Enter only one cause per and (c) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** þ Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), sloting the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 200 PLACE OF INJURY (Home, Jarm. 20c TIME OF INJURY 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (Slale) octory, street, affice bldg , etc. Hour a.m. While Not while at wark at work 21. I certify the deceased front ...that I last saw the deceased alive on and that geath occurred from the causes and on the date stated above -αl ADDRESS (Street, city or telve, stote) SIGNATURE PHYSICIAN'S NAME (Type) may be . 3 220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City (State) MANOR ILGHMAN 01 **ADDRESS** 240, REC'D BY REGISTRAR 24b

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

WEGEONEL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEGELVED V. S.

	1		MARYL	AND	STATE	DEPARTA	LENT OF HEALT	H-BALTIM	ORE, 18	08945	
			08954	3	С	ERTIFIC	ATE OF DEAT	Н	Reg	. Dist. No.	304
4	1.	PLACE OF DEATH	"ashingt	on	Иd	MARYLAND	2 USUAL RESIDENCE (W	there deceased lived	I. If institution: Res b. COUNTY 178	sidence before ode	nission)
1	Г	RURAL and give	(If outside corporate limit nearest town)	s, write	c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (IF	autside carporote li	mits, write RURAL o	and give nearest to	own)
	\vdash	Rural B.	IR POOL Mo		oddress)		Rural Big	Pool Mc	1. X.	I - 15	PESIDENCE
00		OR INSTITUTION		me	,		G. SINCE PROPRESS		/		RESIDENCE N A FARM?
	3.	NAME OF DECEASED (Type or print)	Fig. Mar	d	IT 1	Middle zabeth	lost Murray	4. DATE OF DEATH	Month 8	Day 2.3	Year
		SEX		M	,220-0	R MARRIED	B. DATE OF BIRTH		E (In years IFUN	IDER 1 YEAR IF UN	19 57 NDER 24 HPS
1)	L	F	W	WIDOWE	Research	DIVORCED 🔲	3.20.1892) Yra.)	ths Soays Hou	rs Min
4	100	during most of wo	ION (Give kind of work of rking life, even if retired) WIIC	lone 10b. Ho	KIND OF BUS	SINESS OR INDU	STRY 11. SIRTHPLACE (Stoke	or foreign country	nty Md	U.S.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN				
	-		iah Beard					rett Myc			
,	15. {Y+	i, no, or unknown)	ER IN U. S. ARMED FORG	rvice) 16.	SOCIAL SECU	RITY NO. 17.	INFORMANT		Address	r.3	
	H	NO CAUSE OF DE	ATH [Enter anily and car	un non lie	- for tot the		Jesse B Mu:	rray Bbs	POOT M	INTERVAL ONSET A	
		Conditions, if gove rise to cause (a), stating	immediate DUE TO		<u>Ceve</u>	O	ug of su	Went/C	eren	guolif	Huul
A,	CATION		THER SIGNIFICANT CONS	DITIONS C	ONTRIBUTING	G TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE CON	IDITION GIVEN IN	PER	S AUTOPSY FORMED?
	L CERTIFI	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING TO G TO CAUSE OF DEATH Y MEDICAL EXAMINER)	20 Ь. DESC	CRIBE HOW II	NJURY OCCURR	D. (Enter naturm of injury in	Part I or Part II of	item 18.)		
	MEDICA	20c. TIME OF INJU Hour e. ji. p. m.	RY Month, Day, Yea	r 20d. IN While at work	Not white all work	le fo	ACE OF INJURY (Home, far ctory, street, office bldg., et	m, 20f. (City or to	wn)	(County)	(State)
		21. I certify t	hat I attended the	decease	15	d that death	19 <i>5()</i> , to <i>(</i>		causes and o	t I last saw th n the date st	
7		ACTUAL SIGNATURE	4.9,19	ell	DN.	911.0	M.D	enel	ell ?	Huff	OAIL SIGNED
	 	NAME (Type)									
	220	REMOVAL (Specify	8.31.57			of CEMETERY C	Gemetery /	LIVER BI	City, town, or coun	w) (s Voshing	ton Me
rey	23.	FUNERAL DIRECTOR	P'S SIGNATURE	we	ADDRES	s moea	240. REG	BY REGISTRAR	24b. (EGISTRAR'S		Ole,
D	ナ		V		/			-//		111	1

BUREAU V. S.

DECENT BES

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08922Rea, Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY ashington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrest fown) Rookledge Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RES DENCE ON A FARM? 378 Holme Sve County gospital YES NO TIX detoy rol dir ur file NAME OF First far your Middle 4. DATE 3 to the funeral Day Year DECEASED (Type or print) JAMES POLTS DEATH 1957 August 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX the 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 2 with the Months Male WIDOWED [DIVORCED [7] 10a USUAL OCCUPATION (Give kind at work done during most at working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? puo Phila Penna Laborer USA May 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages William A. Polis Amelia D. Heintz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI Address Hem 18. Give Ph form PM3. Pa No William A. Polis permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Fractured skull , hemerrhage & shock Conditions, If any, which gave rise to immediate couse **DUE TO** (a), stalling the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 8 PERFORMED? NO 20g EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Entangled with another racing car, on speedway 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg, etc.) While Nat while at work Conecheague Wash. Md. 21. I certify that I took charge of the remains described above, held an Autopsy . (Inspection), (Inspection) and End that Accident # | Suicide | death resulted from: Natural causes . Homicide . Undetermined cause . icate, with the Chicago ACTUAL **DATE SIGNED** CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S S. Robert Wells.M. D. Aug.12157 NAME (Type) DEPUTY MEDICAL EXAMINER 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 6 REMOVAL (Specify) 0 Burial View Cemetery

ADDRESS

Coffman Hagerstown

Montgomery

240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

BURE 1 - C

DECEMBER 1 500

Andrew K. Coffnan Hagerstown

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

IS RESIDENCE

ON A FARM?

YES INO DO

Year

10

Day

USA

INTERVAL BETWEEN ONSET AND DEATH

o keout les

PERFORMED? YES NO I

(Stole)

(State)

BOKEVO A. S.

ANG IN 1957

ANG IN 1957

TO FUNERA page 3 shab

VS A15 (4) 15M 9/SS

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08924 CERTIFICATE OF DEATH 08948

			4	. 4				Reg. Dist.	. No. 302
1. PLACE OF DEATH				2	USUAL RESIDENCE (W	/here deceases	d lived. If institution	on Residence	before admission)
o. COUNTY	shington		MARYLA	UND	o. STATE Maryl	and	b COUNTY	Wash	ington
b. CITY OR TOWN RURAL and give	(If autside carparate limit	i, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If	autside carpo	rale limits, write R	JRAL and gir	ve nearest fawn)
Hagers			9 years		2 Hagers	town			
OR, INSTITUTIO	PITAL (If not in hospital, gi	ve street (address)		d. STREET ADDRESS	Di-			e. IS RESIDENCE ON A FARM?
					934 Hamilt		2		YES NO
3. NAME OF DECEASED (Type or print)	NELL!	1	VIOLET Middle		REED	4. DATE OF DEATH	August	h	7 19 57
5. SEX	6. COLOR OR RACE	7. MARR	IED INEVER MARRIED	B. I	DATE OF BIRTH		9 AGE (In years last birthday)		YEAR IF UNDER 24 HRS.
Female	White	WIDOWE			January 26,	1902	55 yrs.	6	Days Haurs Min.
during most at w	TION (Give kind of work d rorking life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUSTR					EN OF WHAT COUNTRY
House	ewife				Hagerst	own, M	aryland	U.S	S.A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
Flme	er A. Shewbri	dge				Grace	G. Anders	on	
15. WAS DECEASED E	EVER IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17 INFO	RMANT		Addr	ess.	
no		2	14-09-4131	Mr	. Howard W.	Reed	Hagers	town,	Maryland
18. CAUSE OF D	DEATH [Enter only one cou	se per lir	ne for (a), (b), and (c).]						INTERVAL BETWEEN
PART 1. D	PEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ntestir	121	Obstru	ction	1		ONSET AND DEATH
153 x	DUE TO			1 - 1					
Conditions, if	ony, which)	6	arcinon	00 2	64 Col	0 h			144
gave rise ta	immediate (Dus 70			- 11					-
lying cause las	ng the under-								
Z PART II C	OTHER SIGNIFICANT CONE	OTIONS C	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERA	AINAL DISEAS	E CONDITION GIV	EN IN PART	(a) 19. WAS AUTOPSY
E S									PERFORMED?
PART II C	WAS UNDERLYING A	20b. DESC	CRIBE HOW INJURY OCC	CURRED. (Enter wure of injury in	Part I ar PIII	11 of item 18.)		
1 - 1	FY MEDICAL EXAMINER)								
Y 20c. TIME OF INJ				De. PLACE	OF INJURY (Home, far, street, affice bldg., et	m, 20f. (City	or town)	(Co	unity) (State)
Hour a.m	10	While at werl	k al wark	ractor	r, street, office brog., er	.,,			
21. I certify	that I attended the	decease	ed from Fib.		1957 to 3	117	10 4" "7	that I la	ist saw the deceased
alive on	TUN 7	10 3		leath a	coursed atel 30	A.M. from	o the course o	nd on the	date stated above
	001			eam o	COLLEG 40777757		treet, city or town,		DATE SIGNED
ACTUAL	-Cond Co	-/	Lallan		214 N. 1	otion .	V 1+ .	,	8-/7/1-7
SIGNATURE	1	/4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M.L			-2		
PHYSICIAN'S NAME (Type)	Lloyd A.	1-10	Finan		Hzox	1 -(+	e whi	ml	·
220. BURIAL, CREMA		F	22c. NAME OF CEMETE	ERY OR C	REMATORY U	22d. LOCAT	NON (City, tawn, a	r county)	(State)
Burial (Speci	8/10/199	57	Rose Hall	Cem	etery	Hage	rstown,]	Maryland
23. FUNERAL DIRECTO	or's signature zer Funeral I	Ioma	ADDRESS		240. REC	D BY REGIST	RAR 245, REPTS	TRAR'S SIGN	NATURE
A Lank	lin Pencer	LOURC	Hagerstown	, Md	6 Gu	19.19	17 1040	with	Bockery

BECEINE.

BUREAU Y. S.

AUG 12 1957

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SEP # 1957

BUREAU V. E.

08926CERTIFICATE OF DEATH THE Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Washington MARYLAND Washington Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 24 Hrs Clear Spring R # Hagerstown d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Wash County Hospital Rockdale YES A NO NAME OF Middle Last 4. DATE Month Doy Yeor DECEASED EYSTER (Type or print) DANIEL ROWL DEATH August 18 1957 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS Months Days DIVORCED | White WIDOWED | 76 Male yrs 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (Stole or foreign country) Ld. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) armer Retired Myeraville Fred Farmer USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Josiah Rowe Rebecca Ambrose IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 219-20-2877 Rowe Greencastle Pa Mrs Barbara A. No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary Tuberculosis with Civitation unknown DUE TO Conditions, if ony, which ! gove rise to immediate DUE TO cotise (a), stating the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? Diabetes Mellitus YES X NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) p. m. While Not while at work of work 21. I certify that I attended the deceased from August
August 18 19 57 August 18, 19 57 that I last saw the deceased :30a,M, from the causes and on the date stated above. August alive on and that death occurred at ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Archie Cohen. Robert Clear Spring, PHYSICIAN'S Maryland Aug. NAME (Type) 270. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Spenily) 20/57 Church of Bretheren Cent Buria Broadfording Wash 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24baREGISTRAR'S SIGNATURE Coffman Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

おびが

Filed

PINO

은 흥

completely

pub

certificate

paper

mave

a

d by ait.

signed

certificate

ECTOR: be detach

FUNER

0

VS A1S (4)

15M 9/55

ő

HOSPITAL

burial-transit

of both

NO SECTIVED

BUREAU V. E.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08951
		08927 CERTIFICATE OF DEATH Reg. Dist. No. 302
director, led with	1,	PLACE OF DEATH OC STATE OLINE B. COUNTY Frank Ly
uneral d be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
900		d. NAME OF HOSTITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM PD3 - GIRERAL HE VES NOTE
Med in	3	NAME OF DECEASED (Type or print) CHARLES F. SHAFFER, DEATH AUGUST 29 1957
s. Pages	5.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH MOS White WIDOWED DIVORCED AUG 16, 1892 9 AGE (In years lost birthday) Months Days Hours Min
carbon papers ofter-death.	100	a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life even if retired) GREGICE REPORTS 249 Pa. 12. CITIZEN OF WHAT COUNTRY WEYCEPS 249 Pa. 45A.
cian and carbon s after-d-	13.	Simon Thatfer Mary Ellen Miseinger
ng physici remave 72 haurs	15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Shiften was or datas of services 205-08-6883 Clyde Shiften way in the born, Pa.
offending n please re within 72		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b); and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH ONSET AND DEATH
of by the mit. The		420.0 DUE TO Congestions, if any, which) (b) a Congestion's Failure - 3 when
ian. en signed nsit perm and in a		gove rise to immediate code (a), stating the <u>under-light</u> DUE TO
physicic as been ial-trans aval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 3
ficate h ficate h the bur or rem	CERTIFI	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTIN
al or alt his certi use as smatian	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work o
haspite After II hed far nial, cre		21. I certify that I oftended the deceased from 2 Auc., 1927, to 29 Auc. 1927, that I lost saw the deceased olive on 29 Auc. 1827, and that death occurred at 8 10 P.M. from the causes and on the date stated above
LCTOR:		ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. G-5 Encuelty Pt 30 Aug 5
shoord by strong bridges		PHYSICIAN'S Paul F. Webster M.D.
FUNE age 3	220	DEMONAL (Specify) 4/1/57 Welsh Lun Brethren Welsh Run Pound.
S A15 (4) 5M 9/55	23.	FUNERAL-DIRECTOR'S SIGNATURE ADDRESS ADDRESS 24/RECD.BY REGISTRAR 246/REGISTRAR'S SIGNATURE ADDRESS ADDRES
Jim FI JJ		CC.

TO HOSPITAL OR LITENDING FILYSICIEN: The law impaires that the death certificate III executed within 24 haurs after death. Page 4

BUREAU V. L.

25P 5 1357

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.
AUG 29 1957

may be regined by the haspital or attending physician.

TO FUNER PRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 shacid be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 as, 21 should be filled with the registrar prior to burial, cremation, at removal, and in any event within 72 houry after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 2% hours after death. Page II

> VS A15 (4) 15M 9/SS

H

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08929

CERTIFICATE OF DEATH

Reg. Dist. No. 3023

		/						Reg. Dist.	IAD:	302
K PLACE OF DEATH					2 USUAL RESIDENCE (W	here decease		oni Residence	before od	mission)
o. COUNTY Washin	gton		MARYL	AND	o. STATE Penns	1.	b. COUNTY			
b. CITY OR TOWN (If autside corporate lim earest town)	ils, write	c. LENGTH OF STAY II	4 1b	c CITY OR TOWN (IF	outside corpo	rote limits, write f	URAL and give	negresi i	own)
Hagerst	own		L month	s	St. Th	omas	750	oft.		
OR INSTITUTION	TAL (If not in hospital, ;	give street o	ddress)		d. STREET ADDRESS) 0	RESIDENCE
Garlock C	onv. Home				No Str	reet Ac	ldress		YES	NO
3 NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mor	nih	Doy	Yeor
(Type or print)	Grace	9	D.		Shatzer	DEATH	8		5	1957
5. SEX	6. COLOR OR RACE	7 MARRI	ED 🖬 NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 11		
Female	White	WIDOWE	DIVORCED		3-15-1879		78 ya.	Months D	eys Hou	rs Min.
10a. USUAL OCCUPATE	ON (Give kind of work	done 10b. #	CIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZE	N OF WI	AT COUNTR
Housew	king life, even if retired 나 우ం	"			St. Thon	nae Pa	1.	TT :	S.A.	
13. FATHER'S NAME	116				14 MOTHER'S MAIDEN				Derra	
		00. 3	0		-					
15 WAS DECEASED EVI	eorge W. D	HI end	COLAL SECURITY NO	17 INI	FORMANT	Sheta	CON Add			
(Yes, no or unknown)	(If yes, give war or dates of		OCIAE SECURITI NO.							
_NO				<u> </u>	rs. C. Melvi	in Shie	elds, St.	Thoma	s, Pa	
	ATH [Enter only one co	ouse per line	e for (a), (b), and (c) }						INTERVAL	BETWEEN
PART ! DE	ATH WAS CAUSED BY:								~ 1 444	LIE DEVILLE
	IMMEDIATE CAUSE (c	1	Broncho-	pno	umonia				/ a	ND DEATH
491X	DUE TO		Broncho-	pno	umonia				/ a	аув
491X Conditions, if a	DUE TO		Broncho-	pno	umonia	<u> </u>			/ a	ays
gove rise to i	DUE TO) 	Broncho-	pno	umonia				/ a	ays
gave tise to i	DUE TO) 	Broncho-	pno	umonia				, a	ays
gove tise to cause (a), stating lying couse last.	ony, which the under-))				Alivai Diseas	F CONDITION GIV			
gove tise to cause (a), stating lying couse last.	my, which mediate DUE TO the under to	DITIONS <u>C</u>	ONTRIBUTING TO DEAT		UMONIA	MINAL DISEAS	E CONDITION GIV		(o) 19 W.	AS AUTOPSY RFORMED?
gove tise to cause (a), stating lying couse last.	my, which the under the under the significant con	ol ol ol olitions <u>cc</u>	ONTRIBUTING TO DEAT	H BUT N	IOT RELATED TO THE TERM				(o) 19 W.	AS AUTOPSY
gove rise to cause (a), stating lying couse last. PART II OT 200, ACCIDENT W OR CONTRIBUTING	my, which mediate DUE TO the under to	ol ol ol olitions <u>cc</u>	ONTRIBUTING TO DEAT	H BUT N					(o) 19 W.	AS AUTOPSY RFORMED?
gove rise to a cause (a), stating lying couse last. PART II OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	bue to the under bue to	DITIONS CO	ONTRIBUTING TO DEAT RIBE HOW INJURY OCH None	CURRED.	IOT RELATED TO THE TERN (Enter noture of injury in	Part I or Par	1 II of ilem 18.)	VEN IN PART I	(a) 19 W. PE YES	AS AUTOPSY RFORMED?
gove rise to a cause (a), stating lying couse last. PART II OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	DUE TO Ony, which Immediate The under HER SIGNIFICANT CON Menta AS UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER) AY Manth, Doy, Ye	DITIONS CO 11y II 20b DESC ar 20d, IN	ONTRIBUTING TO DEAT 11 RIBE HOW INJURY OCC NOTE 11 NOTE 12 NOTE NOTE 14 NOTE 15 NOTE 16 NOTE 17 NOTE 17 NOTE 18 NOTE	CURRED.	(Enter noture of injury in E OF INJURY (Home, for ory, street, office bldg , et	Part I or Par	1 II of ilem 18.)		(a) 19 W. PE YES	AS AUTOPSY RFORMED?
gove rise to a cause (a), stating lying couse last. PART II OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUI Haur o.m. p. m.	DUE TO The under- HER SIGNIFICANT CON Menta: AS UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Doy, Ye None 19	DITIONS CO 11y 11 20b DESC ar 20d. IN While of work	DNTRIBUTING TO DEAT 11 RIBE HOW INJURY OCC NOTE USURY OCCURRED Not white of work	CURRED.	(Enter noture of injury in ETERN (Enter noture of injury in ETE OF INJURY (Home, for nry, street, office bldg , et	Part I or Par	t II af item 18.) r or town)	VEN IN PART I	(a) 19 W. PE YES	AS AUTOPSY RFORMED? NO (Stote)
gove rise to a cause (a), stating lying couse last. PART II OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUI Haur o.m. p. m.	DUE TO the under HER SIGNIFICANT CON Menta AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER RY Manth, Doy, Ye None 19	DITIONS CO 11y II 20b DESC ar 20d. IN While of work	None Not white of work of fram. March	CURRED.	(Enter noture of injury in EE OF INJURY (Home, formy, street, office bldg , et e.g., 19.57, to	Part I or Par	or town)	/EN IN PART I	(a) 19 W PE YES	AS AUTOPSY PRORMED? NO (Stote)
gove rise to a cause (a), stating lying couse last. PART II OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUI Haur o.m. p. m.	DUE TO The under- HER SIGNIFICANT CON Menta: AS UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Doy, Ye None 19	DITIONS CO 11y 11 20b DESC ar 20d. IN While of work	None Not white of work of fram. March	CURRED.	(Enter noture of injury in ETERN (Enter noture of injury in ETE OF INJURY (Home, for nry, street, office bldg , et	Part I or Par m. 20f (City x) August	or town)	(Cou	(a) 19 W PE YES	AS AUTOPSY RFORMED? NO IN
PART II OT 200. ACCIDENT WOOD 200. TIME OF INJUIN 201. I certify the	DUE TO the under HER SIGNIFICANT CON Menta AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER RY Manth, Doy, Ye None 19	DITIONS CO 11y II 20b DESC ar 20d. IN While of work	None Not white of work d fram March	CURRED.	(Enter noture of injury in E OF INJURY (Home, for ory, street, office bldg, et app.), 19.57., to	Part I or Par m. 20f (City x) August QAM, frar ADDRESS (S	or town) 5 . 19 5 In the causes (treet, city or town,	(Cou	(a) 19 W PE YES	AS AUTOPSY PRORMED? NO (State) (State) the decease ated above DATE SIGNI
PART II OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 201. I certify the	DUE TO the under HER SIGNIFICANT CON Menta AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER RY Manth, Doy, Ye None 19	DITIONS CO 11y II 20b DESC ar 20d. IN While of work	None Not white of work of fram. March	CURRED.	(Enter noture of injury in E OF INJURY (Home, for ory, street, office bldg, et app.), 19.57., to	Part I or Par m. 20f (City x) August QAM, frar ADDRESS (S	or town)	(Cou	(a) 19 W PE YES	AS AUTOPSY PRORMED? NO (Stote)
gove rise to cause (a), stating lying couse last. PART II OT 20c. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY than 100 m. p. m. 21. I certify that the cause of the caus	DUE TO the under HER SIGNIFICANT CON Menta AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER RY Manth, Doy, Ye None 19	DITIONS CO 11y II 20b DESC ar 20d. IN While of work	ONTRIBUTING TO DEAT 12 RIBE HOW INJURY OCC NONE UJURY OCCURRED NoI while of work d fram March 7, and that colored	CURRED.	(Enter noture of injury in EE OF INJURY (Home, formary, street, office bldg, et and executive de 1010	Part I or Par m. 20f (City Luguet QAM, fran ADDRESS (S	or town) 5 . 19 5 In the causes (treet, city or town,	(Cou	(a) 19 W PE YES	AS AUTOPSY PRORMED? NO (State) (State) the decease ated above DATE SIGNI
gove rise to cause (a), stating lying couse last. PART II OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 70c TIME OF INJUI Haur o.m. p. m. 21. I certify the dive an actual signature PHYSICIAN'S NAME (Type) 22o. BURIAL, CREMATIC	DUE TO Ony, which mmediate The under The unde	DITIONS COLUMN TO THE PROPERTY OF THE PROPERTY	ONTRIBUTING TO DEAT 12 RIBE HOW INJURY OCC NONE UJURY OCCURRED NoI while of work d fram March 7, and that colored	CURRED. COURSED. COURSED. COURSED. Foctor According to the course of the	(Enter noture of injury in E OF INJURY (Home, for only, street, office bldg, et on only, in the	Muguet Que, from ADDRESS (S. Potom	or town) 5 , 19 5 In the causes (Ireet, city or town,	(Cou	(a) 19 W PE YES	AS AUTOPSY PRORMED? NO (State) (State) the decease ated above DATE SIGNI
gove rise to a cause (a), stating lying couse last. PART II OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20c TIME OF INJUI Haur o.m. p. m. 21. I certify il alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	DUE TO Ony, which mmediate The under The unde	DITIONS CO. Ily II 20b DESC ar 20d. IN While of work decease 19 5 Wells	ONTRIBUTING TO DEAT 1 RIBE HOW INJURY OCC NONE UJURY OCCURRED OI while of work d fram March 7, and that of Well M.D.	CURRED. Oo PLACE focto no 1 19 Meath MERY OR	(Enter noture of injury in the TERM (Enter noture of injury in the	Muguet Que, from ADDRESS (S. Potom	or town) 5 . 19 5 In the causes (Ireet, city or town, IRC Street Maryland HON (City, town,	(Cou	(a) 19 W PE YES	AS AUTOPSY PRORMED? NO (Stote) (Stote) he decease ated above DATE SIGNI

PEGEIVED V. S.

Ringgold ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR

. IS RESIDENCE ON A FARM?

YES NO

19 57

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO

Md

DATE SIGNED

(State)

(Stote)

Days

H.S.A

(County)

Wash

3 .V UALO

DIAGEDAE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08931 2. USUAL RESIDENCE [Where deceased lived If Institution, Residence before admission] PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND **b.** COUNTY WASHINGTON MARYLAND b. CITY OR TOWN III autoide corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If autide corporate limits, write RURAL and give nearest lawn] - HAGERSTOWN BETTE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS o, IS RESIDENCE WASHINGTON COUNTY HOSPITAL REAR 399 LIBERTY YES NO K NAME OF Lost Month DECEASED OF DEATH SMITH AUGUST JOSEPH WILLIAM 57 (Type or print) 10 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8. DATE OF SIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 46 yrs. WHITE 8/31/1910 Months MALE Hours WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if setzed)

10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY? JANITOR WORK U.S.A. MARYLAND LABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BESSIE BAKER CHARLES E. SMITH 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAGERSTOWN 217-09-9635 CECIL SMITH 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Acute coronary ecclusion Conditions, if any, which) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? None NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. NON l Exami Rofte 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) White a. m. Not while none at work p. m. at work 21. I certify that I took charge of the remains described above, held an Autapsy []. Inspection . Inquiry . death resulted fram: Natural causes X. Accident . Suicide . Homicide . Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S S. Robert Wells, M.D. EPUT. DEPUTY MEDICAL EXAMINER NAME (Type) OT.V 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL SPESIF 0 MD. WASHINGTON COUNTY FAHRNEY 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

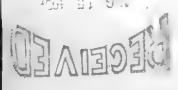


VS A15 (4) 15M 9/SS I

MARYLAND	STATE DE	PARTMENT	OF H	EALTH-	-BALTIMORE,	18
08932	CER	TIFICATE	OF D	EATH		

()8956 Reg. Dist. No. 302

o. COUNTY Washington b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown) RURAL ond give nearest lown) Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) Nartin Manor Rest Home 3. NAME OF DECEASED (Type or print) THOMAS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED July 25, 1876 WIDOWED DIVORCED July 25, 1876 DEATH August 8. DATE OF BIRTH 9. AGE (In years left under lost birthday) Months Day
RURAL ond g ve nearest lown) Hagerstown d NAME OF HOSPITAL (If not in haspital, give street oddress) NEARTIN Manor Rest Home 3. NAME OF DECEASED (Type or print) THOMAS THOMAS A. COLOR OR RACE WIDOWED DIVORCED JULY 25, 1876 100 USUAL OCCUPATION (Give kind of work done life, even if retired) RURAL ond g ve nearest lown) 4. DATE OF AMERICAN B. DATE OF BIRTH P. AGE (In years life under 1 year if ye
Hagerstown d NAME OF HOSPITAL (If not in hospital, give street oddress) Nartin Manor Rest Home 3. NAME OF HOSPITAL (If not in hospital, give street oddress) Nartin Manor Rest Home 3. Seen Street 4. Date Of DECEASED (Type or print) THOMAS THOMAS 5. SEX 6. COLOR OR RACE WIDOWED DIVORCED July 25, 1876 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) Panama Canal Zone Hoodburner Manariand
Martin Manor Rest Home 33 Green Street 75 10 10 10 10 10 10 10 1
Martin Manor Rest Home 33 Green Street 75 10 10 10 10 10 10 10 1
DECEASED (Type or print) THOMAS S. SEX O. COLOR OR RACE WIDOWED DIVORCED DIVORCED DIVORCED July 25, 1876 DEATH August O. AGE (In years lef under lost birthdoy) O. AGE (In years lef under lo
THOMAS HAYS SMITH DEATH August 8 15. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Mile Widowed Divorced July 25, 1876 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 104 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 105 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 106 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 107 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 109 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
male white WIDOWED DIVORCED July 25, 1876 81 yrs On the USUAL OCCUPATION (Give kind of work done 10b. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT
male white WIDOWED DIVORCED JULY 25, 1070 81 yrs 0 13
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 112 CITIZEN OF WHAT 12 CITIZEN OF WHAT 13 A
Pattered Placements
Retired Blacksmith
13. FATHER'S NAME
William Henry Smith Liza Moonen
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes, give wor or dotes of server) 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7
no 213-10-6892 Mrs. Emma J. Smith Security, Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] [INTERVAL BET ONSET AND
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (6) Con brad 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DUE TO
Conditions, if ony, which) (b)
gove rise to immediate covise (a), stating the under DUE TO
lying couse lost. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS A PERFORMANCE OF THE PERFORMA
Artainer retic heart discase2 justs ves
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A PERFORM PROPERTY OF THE PROPERTY OF
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 White Not while of work
Hour o. m. While Not while of work of work of work
21. I certify that I attended the deceased from Alimiat 7 , 19.57, to Alimiat 8 , 19.57, that I last saw the
alive an Angle 17 , 1957, and that death occurred at 1:45 M, from the causes and an the date state
ADDRESS (Street, city or lown, storie)
SIGNATURE M/e / fe you y for Amb. 1:0 Profosst 101 Arts 17:00
SIGNATURE M.D. L.C. PROTOCOST 191 APRIL
PHYSICIAN'S NAME (Type) Wallan T. Daylan I.D
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State
Burial 8/11/1967 Rest Haven Cemetery Hagerstown, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE TY ADDRESS 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
R. Franklin Reyse Hagerstown, Maryland Stra. 13.1957 Chast Boeses



BUREAU V. S.

HOSPITAL

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND

c. LENGTH OF STAY IN 15

vears

Reg. Dist. No.

Wash.

2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Md .

Hagerstown

b COUNTY

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

9 09	-	OR INSTITUTION	L (If not in hospital, gi	ve street address)	d. STREET ADDR		- CT		e IS RESIDENCE ON A FARM?
7.0		242 S	. rotomac	St.	242 S	Potom	10 06.		YES NO
s 1 a		NAME OF DECEASED (Type or print)	Roy	Thomas	Staubs	4. DATE OF DEATH	Month #LU	g. 29.	19 57
. Pages	5. 5	male	and a factor	7. MARRIED NEVER MARRI	- 127m - 0 9	.880	9 AGE (In years III	- 0	
and cample bon papers. or death.	10a	USUAL OCCUPATION during most of working clerk	N (Give kind of work d ng life, even if retired)	one 10b. KIND OF BUSINESS C	OR INDUSTRY 11. BIRTHPLACE		ountry)	12. CITIZEN C	OF WHAT COUNTRY?
ician and corpon	13.	FATHER'S NAME	Frisby	Staubs	14. MOTHER'S MA		rrabella	Grey	
ng phys 72 hau			IN U. S. ARMED FORCE typs, give wor or dates of se	216-14-51		ene G.	Addres		own, Mid.
gned by the attendi permit. Then pleas in any event within		" PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which Immediate DUE TO		Perateci 1 Le	arT).	Sease	INT	ERVAL BETWEEN SET AND DEATH (JB RAS
icate has been si the buriot-transit ar remaval, and	CERTIFICATION	PART II. OTHI 20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING []	OITIONS <u>CO</u> NTRIBUTING TO DE				I IN PART 1(o)	P WAS AUTOPSY PERFORMED? YES NO
his certifore of an armation,	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	v 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Hom foctory, street, office bld	ne, form, 20f (City dg., etc.)	or town)	(County)	(State)
RENA ECTOR: After 13 should be detached for 1 gistrar prior to buriol, cr		21. I certify the alive an	at I attended the	deceased from 8/1. 19.57., and that Vennings	8/52, 19	.3.5. M, fran	,	d on the da	ow the deceased ate stated above. DATE SIGNED
FUN Sign	220	BURIAL, CREMATION REMOVAL (Specify) DUTIEL	8-31-57		ew Cemetery		rosburg,	* *	(State)
A15 (4) M 9/55		FUNERAL DIRECTOR'S		Son, Hagers		CRECID BY REGIST		AR'S SIGNATU	Goevers

08933

Washington

b. CITY OR TOWN (If outside corporate limits, write

Hagerstown

RURAL and give nearest town)

1. PLACE OF DEATH o. COUNTY

BUREAU V. S.

2Eb & 1957

MAGERA

19 57 Aug. alive an ACTUAL SIGNATURE 170 W. Washington St S. Stauffer Hagerstown. 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION. (State) 8/6/57 ROSE HILL HAGERSTOWN CEM 0 & DDRESS 240_ REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE

08934 Reg. Dist. No. 302 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b. COUNTY WASHINGTON MARYLAND MARYLAND WASHINGTON b. CITY OR TOWN (If outside carporate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? 36 S. POTOMAC 36 S. POTOMAC ST. YES NO Y NAME OF First Middle 4. DATE (Type or print) LIZZIE STAUFFER AUGUST 57 19 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) 91 yrs. Months Days PEMALE WIDOWED Y /18/1866 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWIFE HOME MARYLAND U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JOSEPH T. HOFFMAN MARY McCAULEY Address HAGERSTOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT NO" MR. ALVIN P. STAUFFER NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Chronic Brain Syndrome IMMEDIATE CAUSE (a) 2 mos. DUE TO Cerebral arteriosclerosis Conditions, if ony, which pave rise to immediate DUE TO couse (a), stating the under-Generalized arteriosclerosis lying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20e PLACE OF INJURY (Hame, form, 20f (City or town) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Hour a.m. While Not while at wark of wark 21. I certify that I attended the deceased from June 1 ..., 19.57, to Aug. 3., 19.57, that I last saw the deceased __, and that death occurred at 2 A M, from the causes and an the date stated above. DATE SIGNED

'A nyauna

NECEIVED

08960

08935

CERTIFICATE OF DEATH

Reg. Dist. No. 302

					regi biti. No.		
	r, PLACE OF DEATH o. COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Who start and	ere deceased lived. If institution Washingt			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necest town) Hagerstown	162 Hrs	CITY OR TOWN (IF at	utside corporate limits, write RUR	AL and give nearest town)		
	d NAME OF HOSPITAL (If not in hospito), give street OR INSTITUTION Wash. County Hospital	il.	Dam # 5 I	Rd	e. IS RESIDENCE ON A FARM? YES (A) NO		
	3. NAME OF DECEASED (Type or print) WALTER	JAMES T	IMBERMAN	4. DATE Month OF DEATH AUGUS 1	27 1957 19		
	5. SEX 6. COLOR OR RACE 7. MARR	The state of the s	Sept 4 19	9, AGE (In years IF lost birthday) A	UNDER 1 YEAR IF UNDER 24 HRS Agenths Days Hours Min.		
1	10e USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	NIND OF BUSINESS OR INDUST Dupont Co		ork Co Pa.	12. CITIZEN OF WHAT COUNTR		
	13 FATHER'S NAME		14 MOTHER'S MAIDEN N	AME			
/	Parke Timberman		Ja	net woodside			
	15 WAS DECEASEDEVER IN U.S. ARMED FORCES? (Yes no or unknown) III yes give wor or defau of service) Yes W. W. # 2 14		FORMANT	erman Big Spi			
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis						
	Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause last.	ticulum cell	sarcoma of	the right le	ung 1 year.		
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY PERFORMED?		
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. While at worl	Not while facts	CE OF INJURY (Home, form, ory, street, office bldg , etc.)	20f. (City or town)	(County) (State		
	21. I certify that I attended the decease	ed from Jan 15	19.57, 10. 2	Aug. 2/, 195/	that I lost saw the deceas		
	alive on Aug. 26 19	57and that death	occurred at 12:4	Garrom the couses one	d on the date stated above		
ACTUAL SIGNATURE CLURIC GOBUL CORD. M.D. ADDRESS (Street, city or town, stote) DAT							
	PHYSICIAN'S Archie Rober			ring, Md. Al	ug. 27, 1957		
	270 BURIAL CREMATION, 276 DATE THEREOF REMOVA. (Specify) 0 /7 7 / F 7	22c. NAME OF CEMETERY OR		22d. LOCATION (City, fawn, ar o			
	Burial @/31/5/	Salem Baptis			m Co N Jerse		
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b REGISTR	AR'S SIGNATURE		

the funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 led by the haspital ar attending physician.

RECTOR: After this certificate has been signed by the attending physician and campletely filled a be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 a said to burial, cremation, or remayal, and in any event within 72 hours after death. TO FUNER PREC Poge 3 strand be the registrar prior VS A15 (4) 15M 9/55

BUREAU V. S.

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BLUEVA A' &

AUG 13 1957

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08937 Reg. Dist. No. M PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY **b.** COUNTY Maryland Washington Washington MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) x Williamsport Md RFD 1 Hagerstown 2 weeks d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS Washington County Hospital Pinesburg YES 🗍 NO 🕅 4. DATE Middle Day Year DECEASED OF DEATH Mammi e Mae Timmons (Type or print) 19月7 Aug. 6. COLOR OR RACE 7. MARRIED TA NEVER MARRIED THE 8. DATE OF BIRTH . 9. AGE |In years IF UNDER TYPAS IF UNDER 24 HRS. to and 3 to me White Pemale WIDOWED [7] DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Hagerstown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mrs. Mammie Smith Dennis Grams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT iamsport Md RFD1 Timmons aMr. Lerov D Nο 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Fractured(open) rt. tibia 14 days IMMEDIATE CAUSE (6) DUE TO Fractured ribs Pulmonary emboli (acute) Conditions, if ony, which gave rise to immediate cause Delayed hemorrhage into spleen **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOB PERFORMED 0 None YES NO T 20g. EXTERNAL CAUSE WAS PRIMARY B or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Auto accident 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 120f. (City or tawn) 20c. TIME OF INJURY Month, Day, Year (County) (State) foctory, street, office bldg., etc.)
Highway White Nat while of work Aug. 16 Hagerstown Wash Md21. 1 certify that I taak charge of the remains described above, held an Autapsy A. Inspection 4. Inquiry and find that the Chief DIRECTOR: 1 death resulted from: Natural causes , Accident 2 Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** S. Robert Wells, M.D. Aug. 31 57 DEPUTY MEDICAL EXAMINER [72 NAME (Type) 22g. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial (Specify) Greenlawn Cemetery Sept. Williamsport Md. ADDRESS 23. EMNEDEL DIRECTOR'S/SIGNATURE 24g. REC'D BY REGISTRAR VS. A15ME 5M 9755

DEPUT



2 V UA.

2901 -

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08963 08938 **CERTIFICATE OF DEATH** Reg. Dist. No. 302. director Poge PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed v a. STATE P. COUNTY Wil MARYLAND "ashing ton arvland death. ö b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) Weeks Hagerstown Hagerstown d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? Wash. 303 Bryan Place haurs county Hospital YES NO NAME OF Middle Lost 4. DATE Month Day Year Filled DECEASED OF DEATH CAROLINE (Type or print) MARGABET WARNER Agust 24 1957 19 within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS campletely last birthday) Months Hours Fenale WIDOWED | DIVORCED | 1895 White 62 popers, yes. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Md 12. CITIZEN OF WHAT COUNTRY? Own Home Hagerstown Wash. Housewife puo Cn USA Pon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL certificate William Klipp Gertrude Angle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Harry B. Warner Sr 303 Bryan Place None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Hagerstown INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ģ Conditions, if any, which gove rise to immediate per **DUE TO** cattse (a), stating the underlying cause lost. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) D. (1) While Not while of work of work 21. I certify that I attended the deceased fram. Ic 1957, ta C 1957 that I last saw the deceased and that death accurred at 11:2 M, from the causes and an the date stated above. ICTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL a PHYSICIAN'S 0 1777 a a NAME [Type] FUNER 3 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226. DATE THEREO! 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Rose Hill Cemetery Hagerstown Wash. Co 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 [4] Coffman Hagerstown Md. AndrewK. 15M 9/55

BUREAU V. L.

7861 OS **5**UA



08939

CERTIFICATE OF DEATH

U	ð	9	6	4
U	0	J	O	4

											Meg. 211		
		PLACE OF DEATH					2, USUAL RESID	DENCE (Wh	ere deceased	d lived If inst!		e before o	dmission)
		WAS	HINGTON			RYLAND	MARY	LAND		VA	SHING	'ON	
	t	RURAL and give no	f autside corporate limi lorest lown) RSTOWN	ils, write	c LENGTH OF STA					role limits, writ			fown)
			AL (If not in hospital, g	Tive tireet	10 DA	ID	A BEAV	and the last of th	REEK	RURAL	(CRESE		RESIDENCE
1		ASHINGTO		HOSI	PTTΔT.		HAGES		N MAT	RYT.AND	DOUME	1 0	ON A FARM?
	-	NAME OF	Fir	11001	Midd	He	Let		4. DATE		Aonth .	0	Year
	-	DECEASED (Type or print)	MAUI		ECCARD		VEAGLY		OF DEATH		16 19	Dey	19
	5. 5	EX	6. COLOR OR RACE	7 MARR	IED MEYER MAR	RIED	B. DATE OF BIRTH	4		9. AGE (In year last birthda	4		JNDER 24 HRS
		FEMALE	WHITE	WIDOWE	DIVOR	CED 🗆	AUGUST	8 18	86		(f) Months	Doys Ho	ours Min.
. \	10a	USUAL OCCUPATION during most of work	ON (Give kind of work a	done 10b	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (State	or foreign co	ountry)	12 CIT	ZEN OF W	HAT COUNTRY?
1		HOUSE W	IFE	On	N HOME		BEAV	Andreas Services	RIDEK	WASH.	CO.MD.	U.S	.A.
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
			THAN C.EC					RLOT	TE R.	GAVER			
			R IN U. S. ARMED FOR (If yes, give wer or dates of s		SOCIAL SECURITY N		IFORMANT	T-TIDA - CI			iddress		
	_						DY C.F.	WEAG	LY HA	(conficient	AIN NEW	L ROU	
			ATH [Enter only one co	suse per lin	no for (0), (b), and (c).]			,	,	0		AL BETWEEN AND DEATH
		PARI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	s)	Inter	101	clust	7.	Lead	Y d	ineans)	
		11000	DUE TO)	79	-		_	_			2	2
		Conditions, if a	ny, which) (b	ol	WITH	(0	course	11	usek	Picer	4	-	- syn
		gave rise to immediate DUSTO											
		couse (a), stating the under. lying cause last. (c)											
	z	PARTY BYERSONIECANTE CONDITIONS CONDITIONS CONDITIONS TO DESTRUCTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY											
	CERTIFICATION	Ochonic interotitial Cystetis YES FOOD											
	IFK	20a. ACCIDENT WA	S UNDERLYING	20b. DE5	CRIBE HOW INJURY	OCCURRED	(Enter nature a	finjury in P	ort I or Pari	t (I of item 18)			
		OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)										
	S	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. It	NJURY OCCURRED	20e. PL/	CE OF INJURY	Hame, form	20f (City	or town)	(0	County)	(Stole)
	MEDICAL	Hour o.m. p.m.	19	While of worl	k ot work	100	tory, street, affice	bidg., elc.	'				
		21. I certify that I attended the deceased from Puc II., 1957, to Ausile 16, 1957, that I lost saw the deceased											
		alive on/	/u 16	19	5 and the	at death	occurred at	1032	_M, fron	n the cause	s and on th	ne date :	stated above
		(Jn /	7 1	()0//			- 17	ADDRESS (5	treet, city or to	vn. sigte)	_	DATE SIGNED
1		ACTUAL SIGNATURE	dward	ω	· W/XO	111	M.D 212	4.4	uash	W, Yo	u Sy	4	8/16/5/
		PHYSICIAN'S NAME (Type)	-Lward	v. 7	DiHOI	T, 195) /	0987	ston	vu, t	1d		***
	220	BURIAL, CREMATIC	N, 226. DATE THEREC	5F	22c. NAME OF CE	METERY O	RCREMATORY		22d. LOCA	TION (City, tow	n, or county)		(Stole)
	t	DUPIAL Specify	AUG.18	1957	BEAVER	CREE	K CEME	TERY	BEAV	ER CRE	EEK WA	SH.C	O.MD.
	23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			240. REC'I	BY REGIST	RAR 24b RI	GISTRAR'S SIC	SNATURE) 100

the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be the base of the haspital or attending physician.

O FUNE: RECTOR: After this certificate has been signed by the attending physician and completely filled it page 3 to be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO FUNE Page 3 VS A15 (4) 15M 9/55

BUREAU V. A.

AUG 22 1957

BECEINED

VS ATS (4) TSM 9/55 0

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE, 1	8 (

08940 CERTIFICATE OF DEATH

18 ()8965 Reg. Dist. No. 302)

1. PLACE OF DEATH O. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY WASHINGTON					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) HAGERSTOWN 33 YRS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN					
d. NAME OF HOSPITAL (If not in hospital, give street oddress) WASHINGTON COUNTY HOSPITAL	d. STREET ADDRESS 633 S. POTOMAC ST. o. IS RESIDENCE ON A FARM? YES \(\text{NO DE } \)					
3. NAME OF DECEASED (Type or print) NORMAN EVANS	WEST SR. OF AUGUST 14 19 57					
MALE WHITE WIDOWED DIVORCED	8 DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 7/1/1908 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) SHOP SUPT. CONSRUCTION	TRY 11. BIRTHPLACE (STON OF FOREIGN COUNTRY? PENNSYL VANIA U. S. A.					
JOHN F. WEST	RUIE EVANS					
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (You. no. actual natural) [If you, give wer or dates of terrice] 214-09-1152	MRS. EVELYN N. WEST MD.					
Conditions, if eny, which gave rise to immediate cause (a), stating the under-lying cause lost. DUE TO (b) (c)	is of the coronary artery in					
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO (Enter noture of injury in Port I or Port II of item 18.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 While Not while of work of work	ICE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (Stale) tory, street, office bldg., etc.)					
18111.00	n. 19 57, to Aug. 14 , 19 57, that I last saw the deceased occurred a8:35A M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED A.D. 148 West Washington St. 8/15/57 Hagerstown, Md.					
220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OF REST HAVE	CREMATORY 22d. LOCATION (City, town, or county) (Stote)					
23. FUNERAL DIRECTOR'S SIGNATURE Hagerstown	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 640.16.1957 640.411 640.411					

61

TO HOSt.

d by the haspital or attending physician.

TO FUNERA

TO

er death. Page 4

shauld be filed with

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08966 CERTIFICATE OF DEATH 08941 Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Maryland b. COUNTY Washington MARYLAND Frederick b. CITY OR TOWN (if outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) weeks Hagerstown Lantz 10 X1.2. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Walhington County Hospital YES IN NO Middle Lost 4. DATE Month Day Year Wilhide Josiah W11liam August 57 DEATH 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years lost birthdoy) Months Doys white WIDOWED [7] DIVORCED | YES. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. Own farm Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Wilhide Clara K. Damuth IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wilhide Mrs. Ruth B. Lantz, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Generalized metastic carcinoma DUE TO Conditions, if any, which Primary carcinoma of stomach. gave rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part 11 of item 18.) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hayr a. fl. factory, street, office bldg., etc.) Not while of work of work p. m. 2. Lithat I last saw the deceased 11:00%, from the causes and on the date stated abave. and that death occurred at ADDRESS (Street, city or town, state) DATE SIGNED

21. I certify that I attended the deceased from **ACTUAL** SIGNATURE Smithsburg

PHYSICIAN'S NAME (Type) Charles Hess

220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BENOVAL Specify) 8-16-57

United Brethern Cem.

22d. LOCATION (City, town, or county) Thurment. Maryland

(Stale)

23. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Creager

o. COUNTY

NAME OF

DECEASED

5. SEX

CERTIFICATION

MEDICAL

O

(Type or print)

male

81

ADDRESS Thurmont. Maryland PECO BY LEGISTRAR 246. REGISTRAR'S SIGNATURE

CHRISTING AVE DIE BEATH

ALCOHOL MANAGEMENT

estimate E

water detable selling

all'in len County Hountstal

Sus lyrak

discol . Describ

abtelly it stor and sie-thouse

BUREAU V. E.

4961 91 9NA

BECEINED

D. Conferent desire

and the state of the course of

Lawrence Crouser Timeson't Shreeter